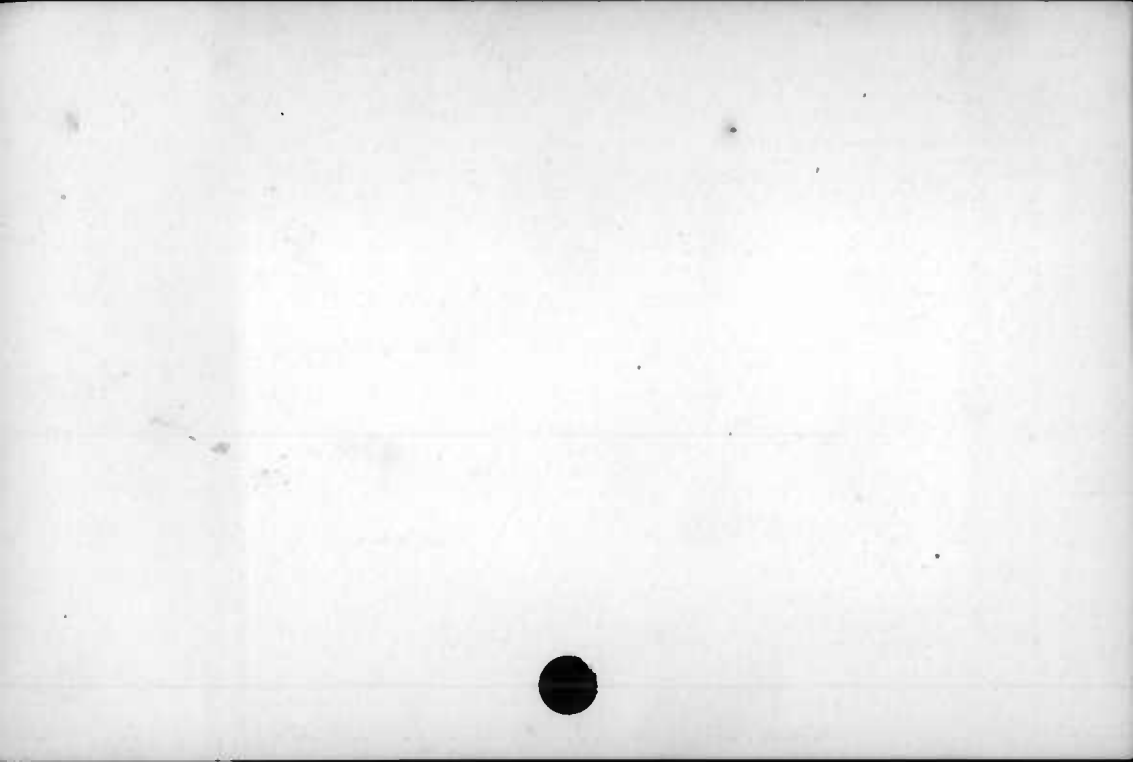


| | | | | | | | |
|-------------------------------------|--|-----------------|------------------------|---|-------------------------|-------------------------|-------------|
| Name in Full | | John A Adams | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at | | Town Brentwood | | County Prince George | | MARYLAND |
| | Date of death | 1907 | Month | Nov. | Day | 10 th | Age |
| | | | | | Years | 37 | Months |
| | | | | | Days | 21 | |
| | Sex | male | | Color or Race | white | | Birth-place |
| | | | | | | | Maryland |
| Occupation | | Carpenter | | Where Residing if not at place of death | | D.C. | |
| Married, Single or Widowed | | married | | Name of Wife or Husband | | Rose Catrup | |
| Father's Name | | Francis D Adams | | | | Father's Birthplace | |
| | | | | | | Maryland | |
| Mother's Maiden Name | | Amanda Herbert | | | | Mother's Birthplace | |
| | | | | | | Maryland | |
| Name of person giving information | | Elias H Adams | | | | How related to deceased | |
| | | | | | | Brother | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | | | | | | How long |
| | Immediate | | Killed by R R Train | | | | How long |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | Augustus H Dahler | | |
| | Yes | | Address | | Acting Coroner | | |
| Accident or Suicide? | | Accident | | Bladensburg Md | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died *Infant Bailey*
Near *Bladensburg* *P. George*
Town County

Date of death 1907 *Nov* *26* Age *4* Months *4* Days

Sex *Male* Color or Race *Black* Birth-place *P. George Co Md*

Occupation *Infant* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Hephiah Bailey*

Father's Birthplace *Md*

Mother's Maiden Name *Lillie Lucas*

Mother's Birthplace *Pa Va*

Name of person giving information *Hephiah Bailey*

How related to deceased *Father*

CAUSES OF DEATH

151

Primary *Premature Birth*

How long *2 wks + 8 d*

Immediate *Marasmus*

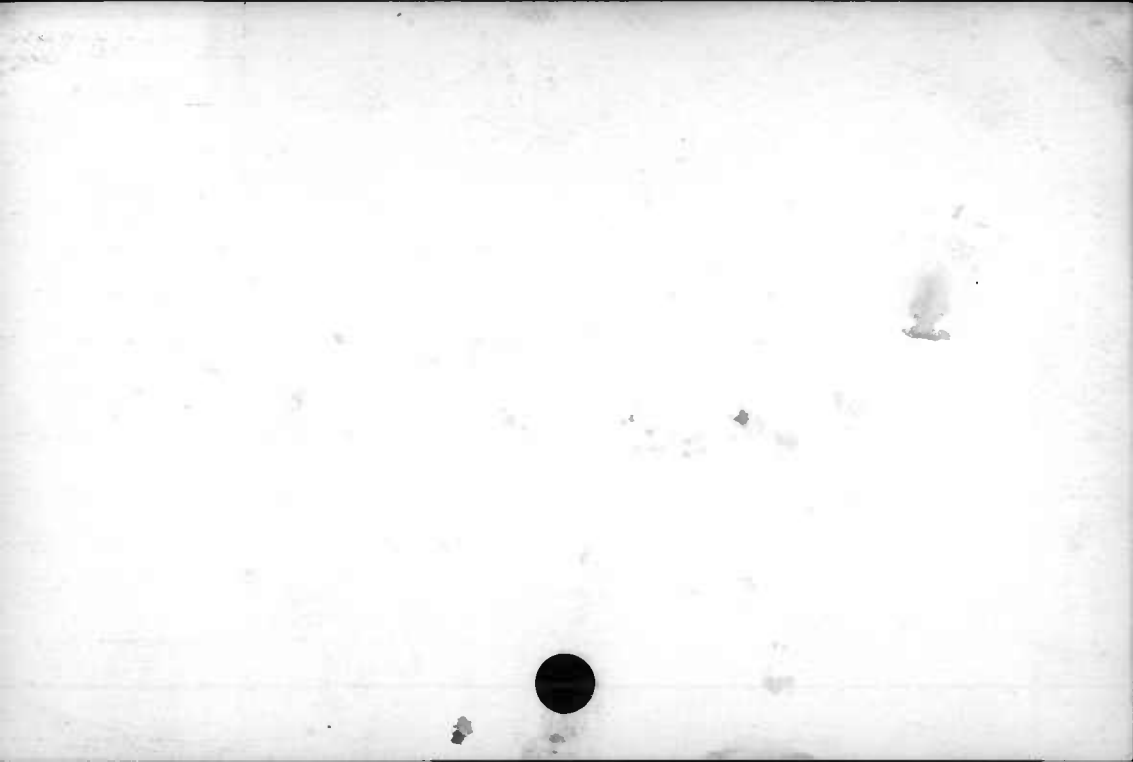
How long *Marasmus*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. Birdwell M.D.*

Address *Hyattsville Md*

Accident or Suicide?



Name
in
Full

Minnie Bowles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

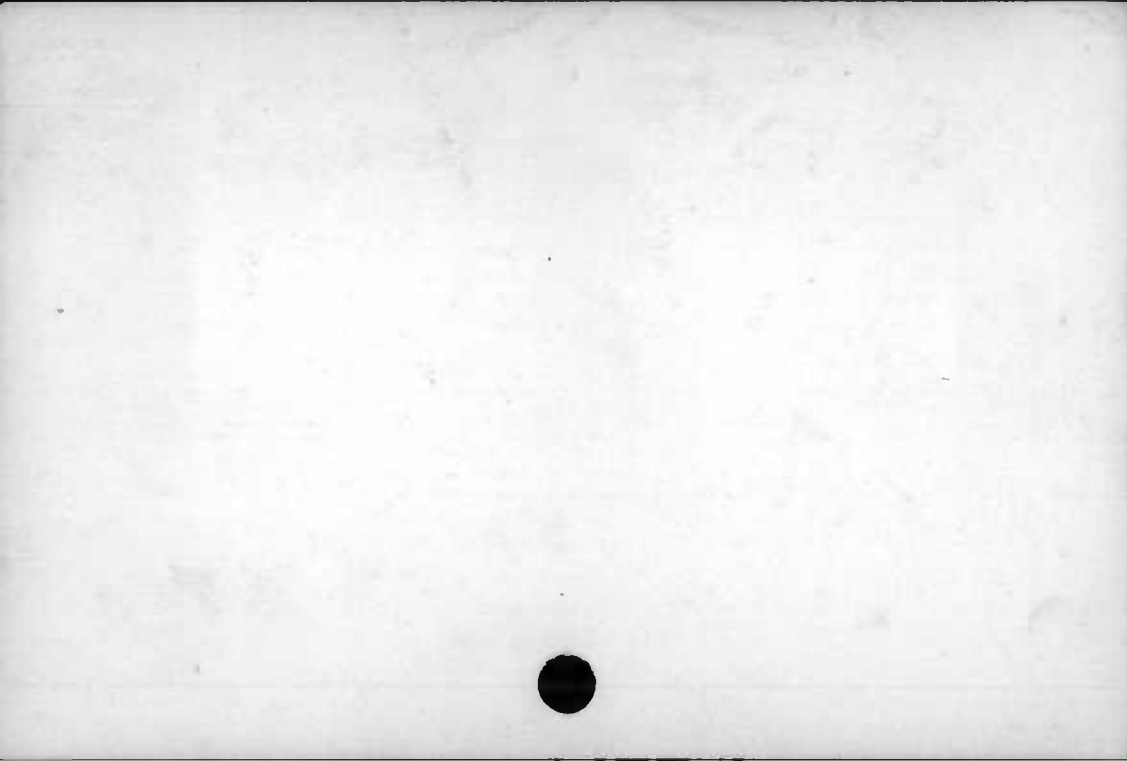
| | | | | | |
|---|---------------------------------|--|---|-------------------------------|-----------------------------|
| Died at <i>Rose Croft</i> <small>Town</small> | | <i>Prince</i> <small>County</small> | | MARYLAND | |
| Date of death <i>1907</i> | <i>Nov</i> <small>Month</small> | <i>14</i> <small>Day</small> | Age <i>23</i> <small>Years</small> | <i></i> <small>Months</small> | <i></i> <small>Days</small> |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>Maryland</i> | | |
| Occupation <i>House work</i> | | Where Residing if not at place of death <i>Rose Croft Md</i> | | | |
| Married, Single or Widowed <i></i> | | Name of Wife or Husband <i></i> | | | |
| Father's Name <i>Gusty Bowles</i> | | | Father's Birthplace <i>Maryland</i> | | |
| Mother's Maiden Name <i>Cinty Brown</i> | | | Mother's Birthplace <i>Maryland</i> | | |
| Name of person giving information <i>Geo. Meads</i> | | | How related to deceased <i>Brother in law</i> | | |

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Meningitis</i> | How long <i>3 weeks</i> |
| Immediate <i>Asthma</i> | How long <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>J. M. Parker</i> |
| | Address <i>Congress Heights D.C.</i> |
| Accident or Suicide? <i></i> | |



Name
in
Full

Mary Rizzie Clements

CERTIFICATE OF DEATH

Died at *Near Accorhook P. Geo. Co*

MARYLAND

Date of death *1907* *Nov* *10* Age *29* Months *11* DaysSex *Female* Color or Race *White* Birth-place *Accorhook Md.*Occupation *House wife* Where Residing if not at place of death *At place of death*Married, Single or Widowed *Married* Name of Wife or Husband *Thos. J. Clements*Father's Name *Geo. B. Clements* Father's Birthplace *White Plains Md.*Mother's Maiden Name *Rose Lee Vernon* Mother's Birthplace *Washington D.C.*Name of person giving information *Edw. W. Clements* How related to deceased *Brother in law*

CAUSES OF DEATH

27

Primary *Pulm. Tuberculosis* How long *Three years*

Immediate

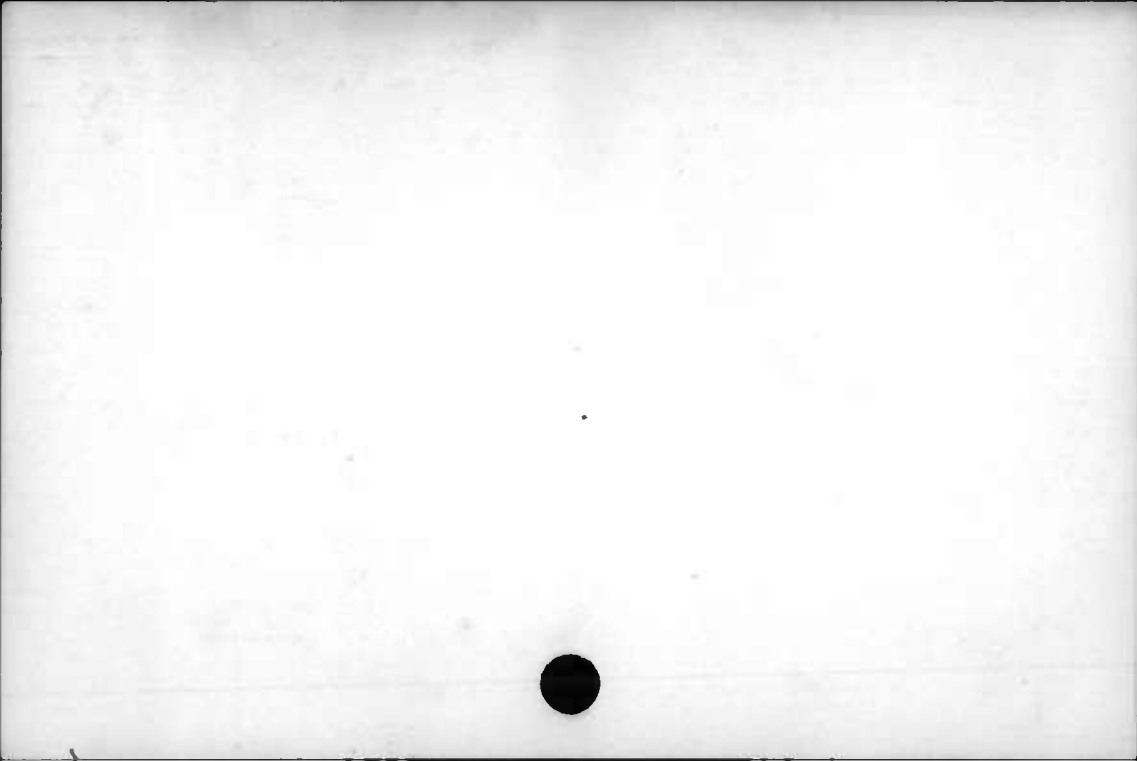
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

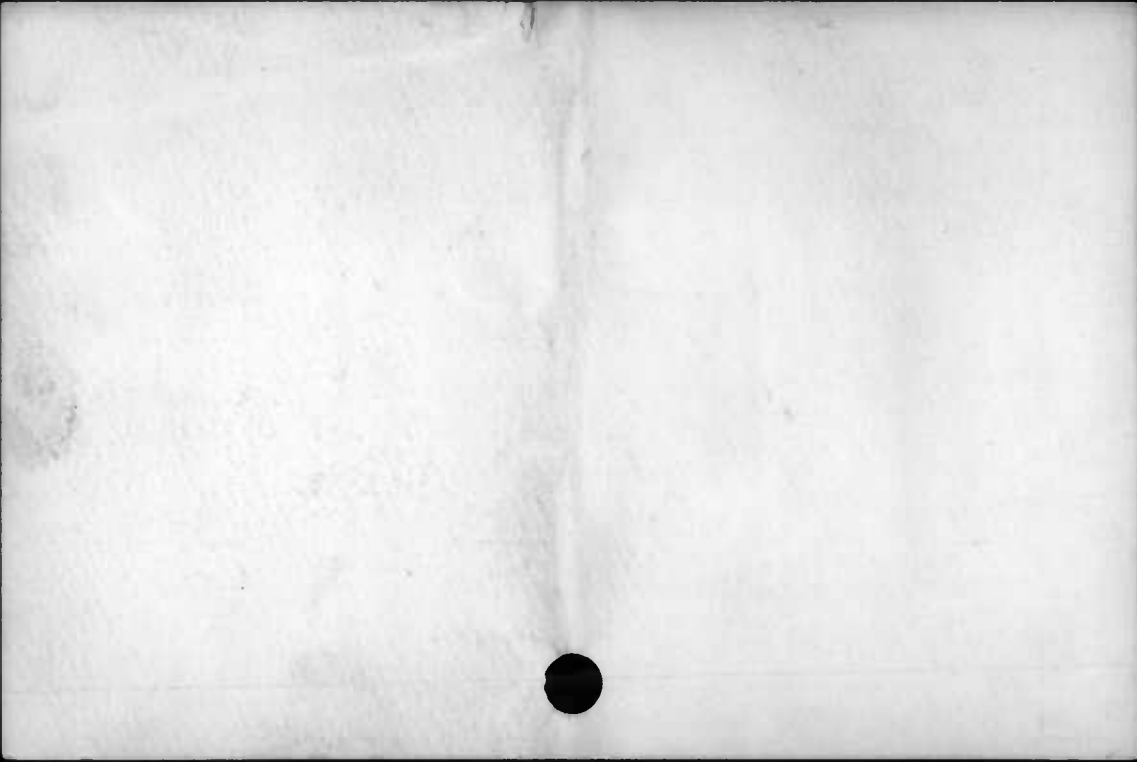
Address

J. W. Mitchell M.D.
*Pomroy Md.*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

2



| Name in Full | | Certificate of Death | | | |
|--|--|---|-----|-------------------------|--------|
| Sarah Cuff | | Town | | County | |
| Died at Suitland | | Prince George | | MARYLAND | |
| Date of death | | Month | Day | Age | Years |
| 1907 | | Nov | 16 | 43 | Months |
| Sex | | Color or Race | | Birthplace | |
| Female | | Black | | Rt. Md | |
| Occupation | | Where Residing if not at place of death | | | |
| Housewife | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | |
| married | | Silvestis Cuff | | | |
| Father's Name | | Unknown | | Father's Birthplace | |
| Unknown | | | | Unknown | |
| Mother's Maiden Name | | Unknown | | Mother's Birthplace | |
| Unknown | | | | Unknown | |
| Name of person giving information | | John Savory | | How related to deceased | |
| None | | | | | |
| CAUSES OF DEATH | | | | | |
| Primary | | Chronic Nephritis | | How long | |
| | | | | 1 year | |
| Immediate | | Asthma | | How long | |
| | | | | 2 days | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | |
| | | | | John E. Sandberg | |
| | | | | Address | |
| | | | | Forestville | |
| | | | | Md | |
| Accident or Suicide? | | neither | | | |



Name
in
Full

CERTIFICATE OF DEATH

Nameless Infant Velozier

Town

County

Died at

Rosecroft, Pr Geo

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

11

14

Age 2

3

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Marcellus A. B. Velozier

Father's
Birthplace

Md.

Mother's
Maiden Name

Edmonia Mass

Mother's
Birthplace

Md.

Name of person giving
In formation

Edmonia Velozier

How related
to deceased

Mother

CAUSES OF DEATH

151

Primary

Premature birth

How long

Immediate

General Debility

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

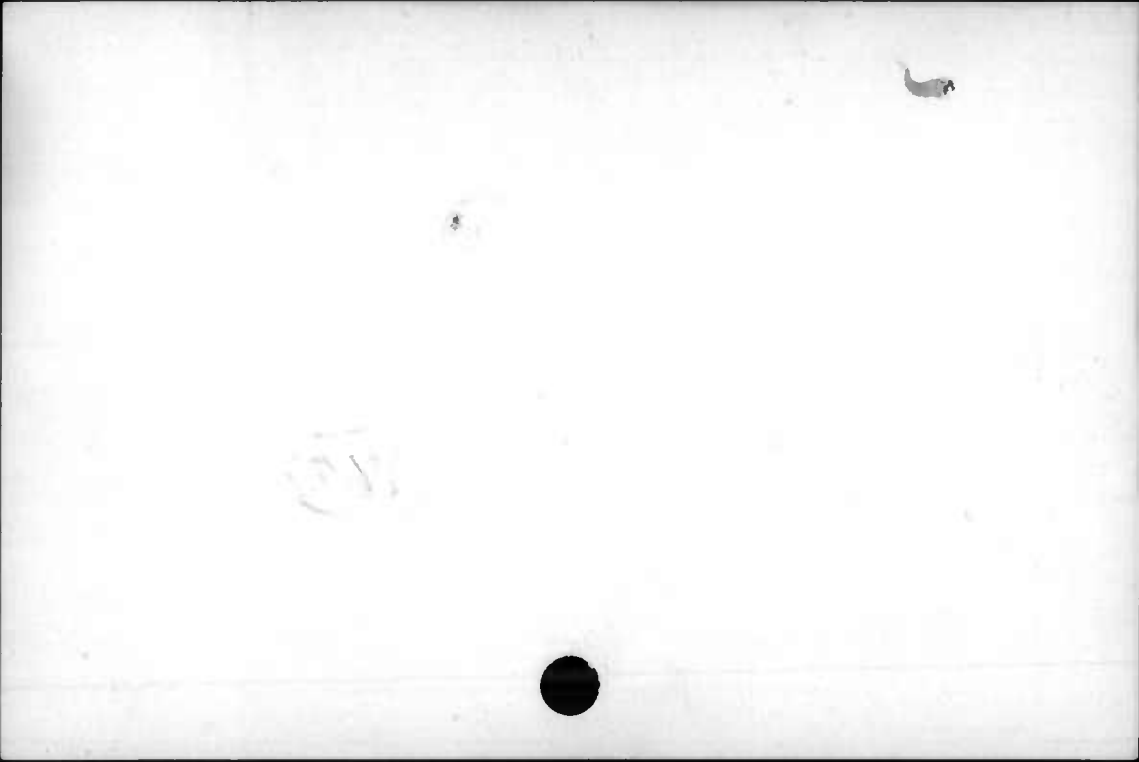
Address

S. P. Simpson M.D.
Rosecroft Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Anna Harvane Liven

TO BE ANSWERED BY
NEAREST FRIEND

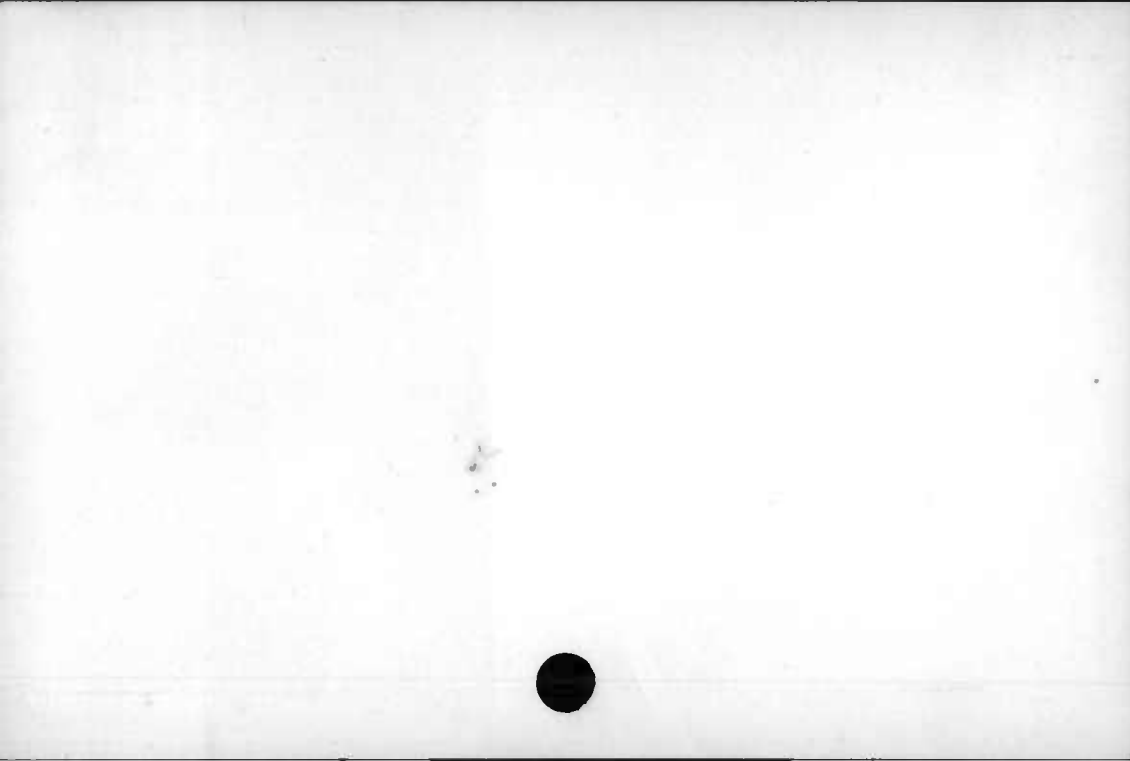
| | | | | | | | | | | | | | |
|-----------------------------------|--|-----------------|-------|---|-----|------------------|-----|-------------|---|--------|---|------|----|
| Died at | | Laurel | | Pr. Geo. | | Maryland | | | | | | | |
| Date of death | | 1907 | Month | Nov. | Day | 15 | Age | Years | 2 | Months | 2 | Days | 11 |
| Sex | | Female | | Color or Race | | White | | Birth-place | | Laurel | | | |
| Occupation | | Child | | Where Residing if not at place of death | | Laurel, Ind. | | | | | | | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | — | | | | | | | |
| Father's Name | | Wm. H. Liven | | Father's Birthplace | | Laurel | | | | | | | |
| Mother's Maiden Name | | Rosa A. Lyddard | | Mother's Birthplace | | Montgomery, Ind. | | | | | | | |
| Name of person giving information | | Wm. H. Liven | | How related to deceased | | Father | | | | | | | |

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------|--------------|---------|
| Primary | Severe Burn | How long | 10 days |
| Immediate | Toxaemia from absorption | How long | — |
| Are the name, age, sex, color, date and place correctly given above? | | Yes | |
| Signature of Physician | | W. F. Taylor | |
| Address | | Laurel | |
| Accident or Suicide? | | | |



Name
in
Full

son of Wm. J. Duval,

CERTIFICATE OF DEATH

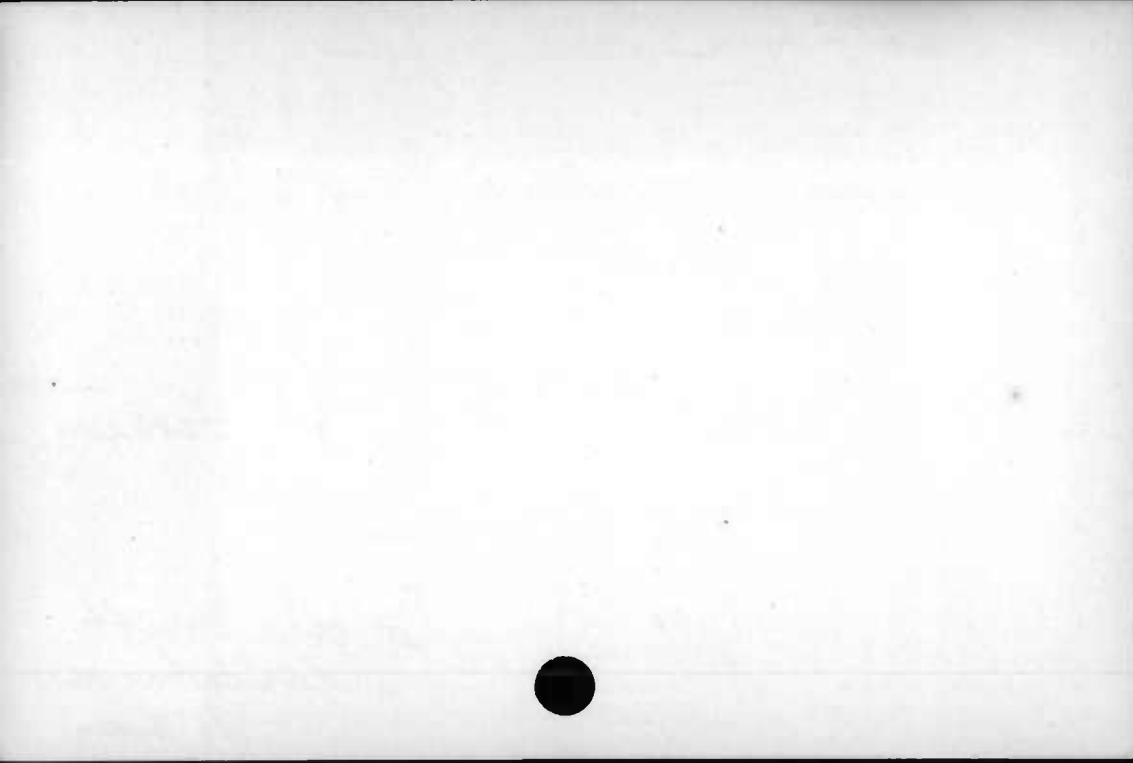
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|-------------------------|-------------|------------------|-----|-------------------------|----------------|
| Died at | | Town Brandywine | | County Pr Geo | | MARYLAND | |
| Date of death | | 1907 | Month 11 | Day 16 | Age | born dead | Months Days |
| Sex | | Male | | Color or Race | | White | |
| Occupation | | | | Birth-place | | Md. | |
| Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | | Wm. J. Duval. | | | | Father's Birthplace | |
| Mother's Maiden Name | | Augusta Boswell. | | | | Mother's Birthplace | |
| Name of person giving information | | Wm. J. Duval. | | | | How related to deceased | |
| | | | | | | do father. | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|----------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | |
| yes | |
| Signature of Physician | |
| Coroner, Wm. H. Squires, J.P. | |
| Address | |
| acting coroner, Brandywine, Maryland. | |
| Accident or Suicide? | |



Name
In
Full

Still-born male child Dyer.

CERTIFICATE OF DEATH

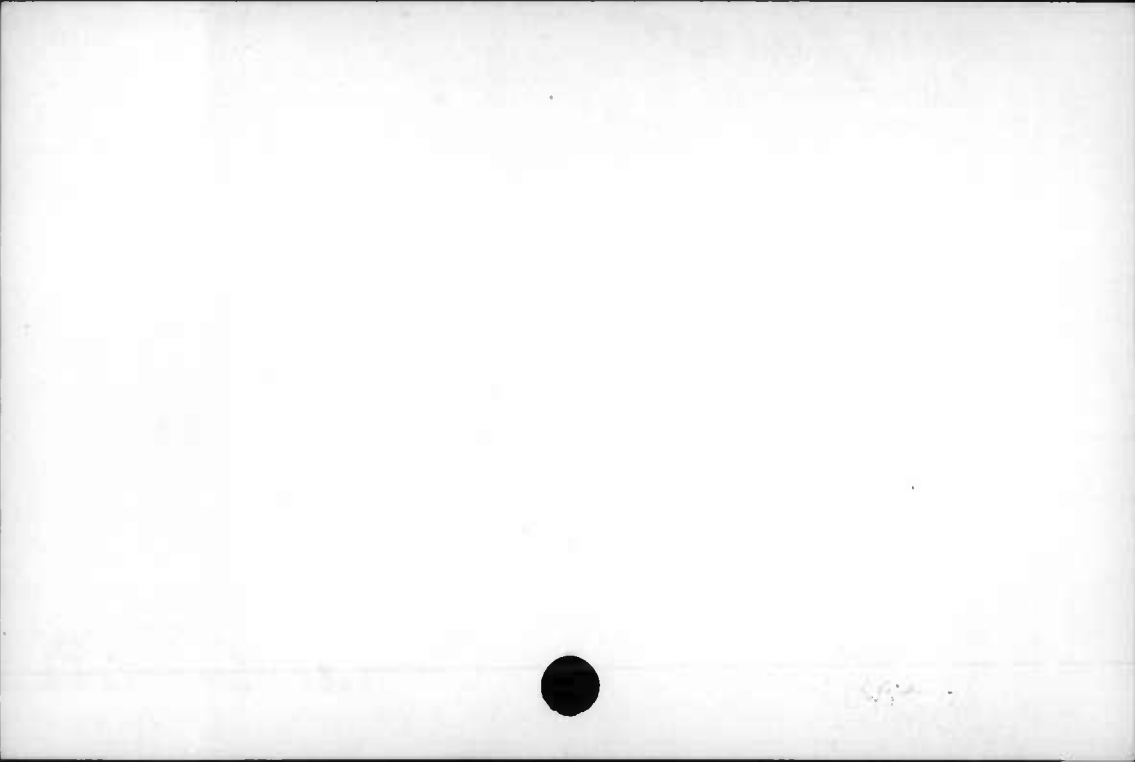
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|--------------|-----------------------------------|-------------------------|--------------|-----------|
| Died at <u>Accokeek</u> ^{Town} | | <u>Pt. Ches</u> ^{County} | | MARYLAND | |
| Date of death | <u>1907</u> | Month | <u>Nov</u> | Day | <u>11</u> |
| Age | <u>Years</u> | | Months | <u>Days</u> | |
| Sex | <u>Male</u> | | Color or Race | <u>White</u> | |
| Occupation | | | Birth-place | | |
| Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | | Name of Wife or Husband | | |
| Father's Name | | | <u>William Dyer</u> | | |
| Mother's Maiden Name | | | <u>Lavinia Lederer</u> | | |
| Name of person giving information | | | <u>William Dyer</u> | | |
| Father's Birthplace | | | <u>Pt. Ches. Comd.</u> | | |
| Mother's Birthplace | | | <u>Pt. Ches. Comd.</u> | | |
| How related to deceased | | | <u>Father</u> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | |
|--|------------------|------------------------|
| Primary | <u>Not known</u> | |
| Immediate | | |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | Signature of Physician |
| | | <u>E. D. Hunt</u> |
| | | Address |
| | | <u>Tricatarway</u> |
| | | <u>Md.</u> |
| Accident or Suicide? | | |



| Name in Full | | CERTIFICATE OF DEATH | | | |
|-------------------------------------|--|----------------------|-------------------------|-------------------------|---------------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at <i>Emma Farnett</i> | | Town <i>Smithland</i> | | County <i>P. S.</i> |
| | MARYLAND | | | | |
| | Date of death | 1907 | Month | Nov | Day |
| | Age | 78 | Years | 2 | Months |
| | Sex | Female | Color or Race | White | Birth-place |
| | Occupation | Household duties | | | |
| | Where Residing if not at place of death | England. | | | |
| | Married, Single or Widowed | Widow | | Name of Wife or Husband | |
| PHYSICIAN OR CORONER | Father's Name | | Father's Birthplace | | |
| | Mother's Maiden Name | | Mother's Birthplace | | |
| | Name of person giving information | | How related to deceased | | |
| | CAUSES OF DEATH | | | | |
| | 66 | | | | |
| PHYSICIAN OR CORONER | Primary | | How long | | |
| | Immediate | | How long | | |
| | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | |
| | Accident or Suicide? | | Address | | |



Name
in
Full

Ferra Alberta Figg

CERTIFICATE OF DEATH

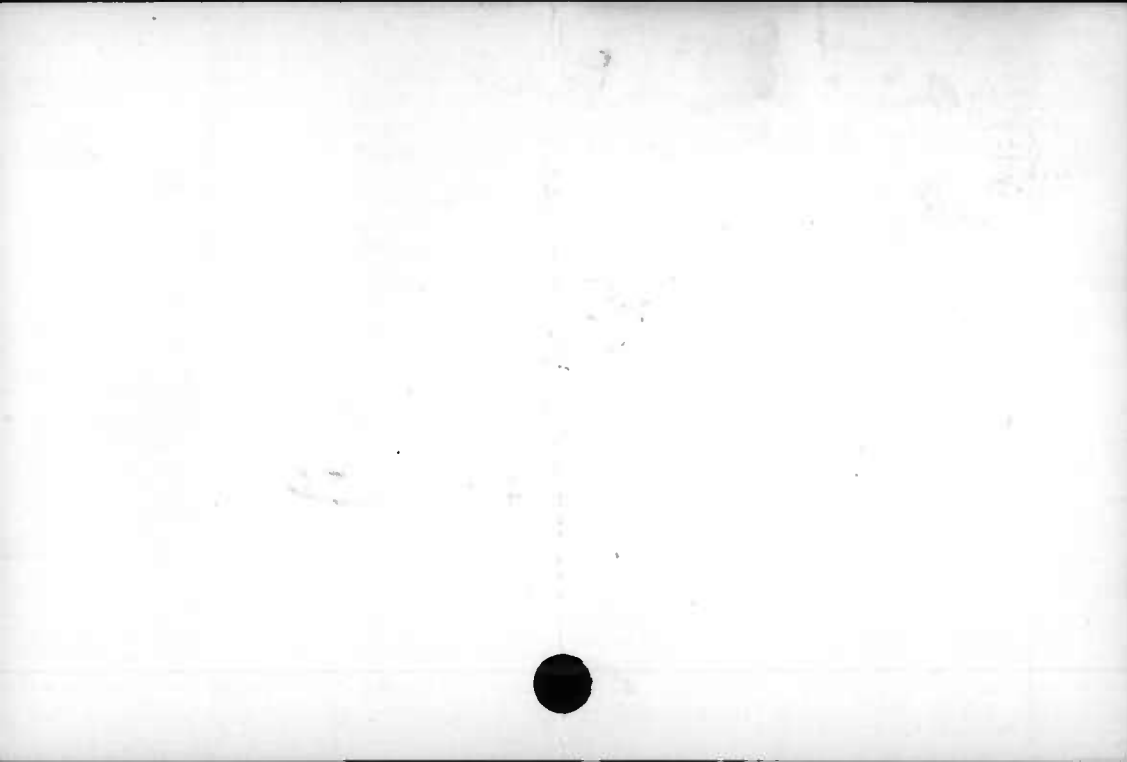
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|-----------------------------------|----------------------|--------------------------------------|--|-------------------------|---------------------|
| Died at <i>Mitchellville</i> Town | | <i>Prince George</i> County | | MARYLAND | |
| Date of death | 190 <i>7</i> Nov. | Month | Day | Years | Months |
| | | | <i>16th</i> | | <i>Three</i> |
| Sex | <i>Female</i> | Color or Race | <i>Caucasian</i> | Birth-place | <i>Maryland</i> |
| Occupation | <i>_____</i> | | Where Residing if not at place of death <i>_____</i> | | |
| Married, Single or Widowed | <i>_____</i> | Name of Wife or Husband <i>_____</i> | | | |
| Father's Name | <i>Charles Figg</i> | | | Father's Birthplace | <i>Maryland</i> |
| Mother's Maiden Name | <i>Agnes Hawkins</i> | | | Mother's Birthplace | <i>" "</i> |
| Name of person giving information | <i>Jane Hawkins</i> | | | How related to deceased | <i>Grand mother</i> |

CAUSES OF DEATH

| | | | |
|--|-------------------|------------------------|----------------|
| Primary | <i>Mania</i> | <i>179</i> | <i>1 month</i> |
| Immediate | <i>Exhaustion</i> | | <i>1 day</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | How long |
| <i>Yes</i> | | <i>H. J. Hunt</i> | <i>1 day</i> |
| | | Address | |
| | | <i>Hael, Md.</i> | |
| Accident or Suicide? | | | |
| <i>_____</i> | | | |

PHYSICIAN
OR CORONER



Name
in
Full

Lena Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

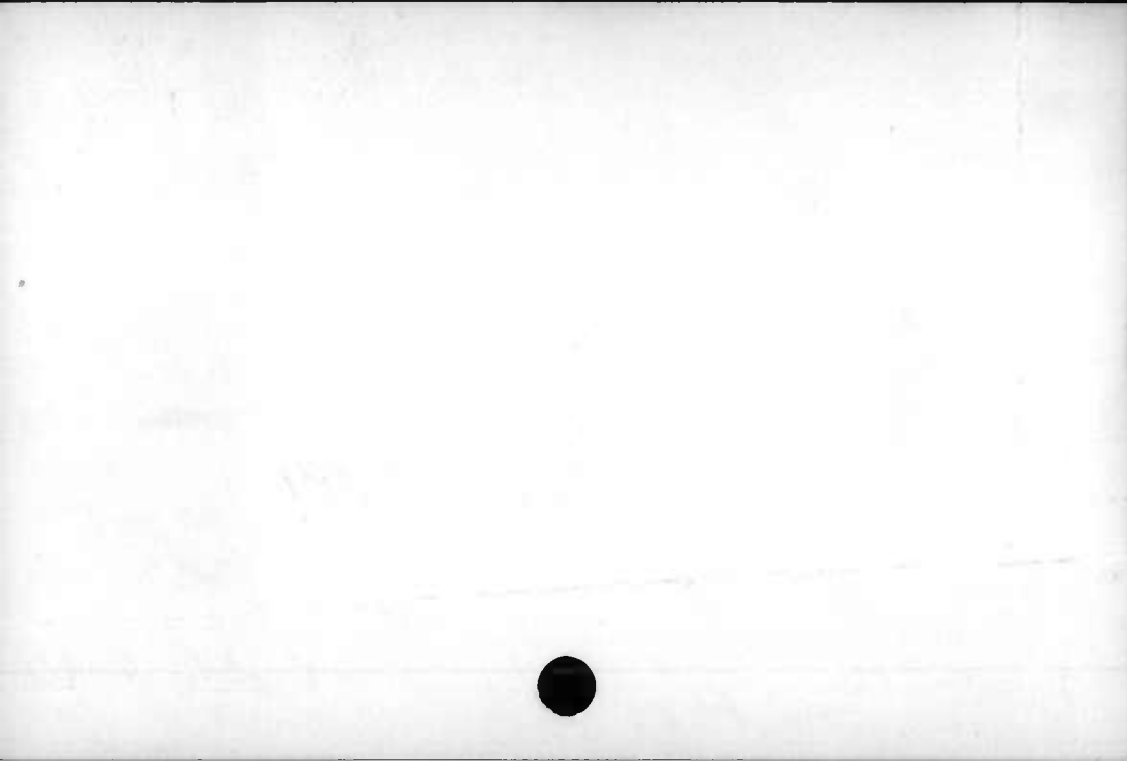
| | | | | | |
|--|--|-------------------------------|----------------------------|---------------------|-------------------------------|
| Died at <u>Birdsboro</u> ^{Town} | | <u>Poly</u> ^{County} | | MARYLAND | |
| Date of death | <u>1907</u> | Month <u>Nov</u> | Day <u>16th</u> | Age <u>25</u> Years | Months <u>—</u> Days <u>—</u> |
| Sex <u>Female</u> | Color or Race <u>Black</u> | | Birth-place <u>unk</u> | | |
| Occupation <u>Servant</u> | Where Residing if not at place of death <u>Jos. H. Goodwin</u> | | | | |
| Married, Single or Widowed | Name of Wife or Husband <u>—</u> | | | | |
| Father's Name <u>Unknown</u> | Father's Birthplace <u>Friend</u> | | | | |
| Mother's Maiden Name <u>Unknown</u> | Mother's Birthplace <u>unk</u> | | | | |
| Name of person giving information <u>Jos. H. Goodwin</u> | How related to deceased <u>Friend</u> | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <u>Tuberculosis - W.L. by les</u> | How long <u>—</u> |
| Immediate <u>suicidal</u> | How long <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>As far as known</u> | Signature of Physician <u>J. L. Waring</u> |
| | Address <u>Clinton</u> |
| Accident or Suicide? <u>—</u> | |



Name
in
Full

Ferguson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

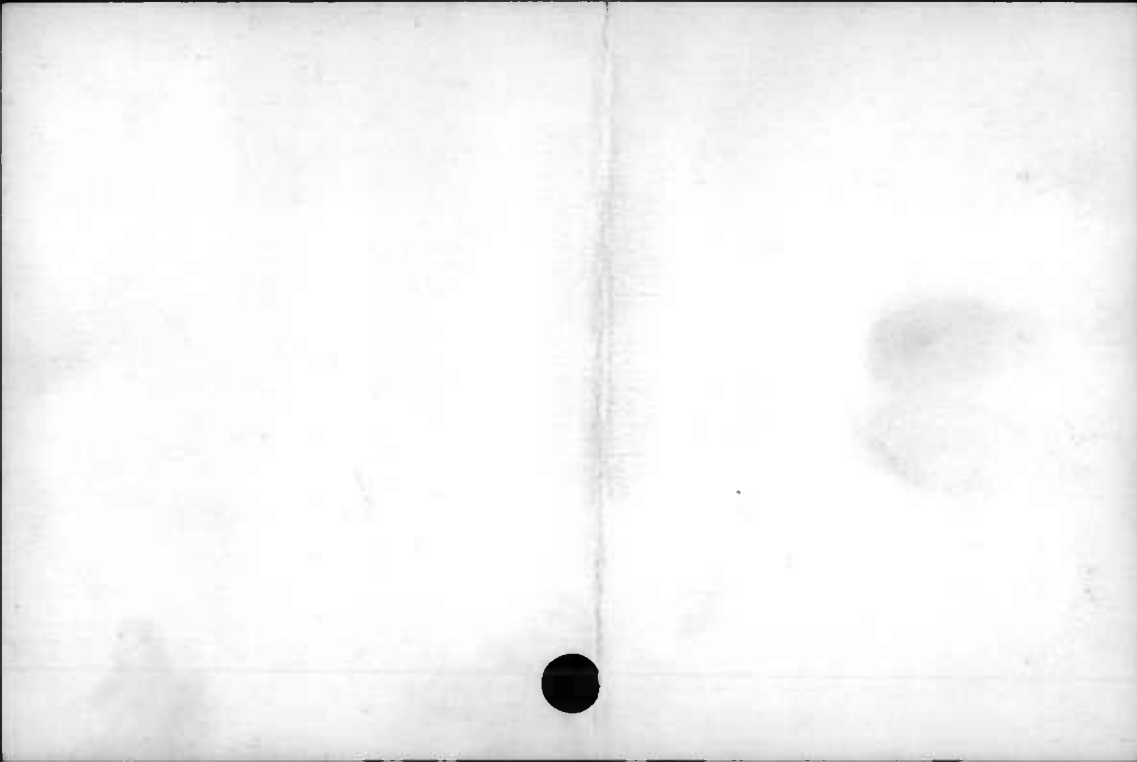
| | | | | | |
|--|---------------------------------|---|---|--------|------------------------------|
| Died at <i>Meadow</i> <small>Town</small> | | <i>P. G.</i> <small>County</small> | | | |
| Date of death <i>1907</i> | <i>Nov</i> <small>Month</small> | <i>28</i> <small>Day</small> | Age | Months | <i>3</i> <small>Days</small> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Pikes Md.</i> | | |
| Occupation <i>none</i> | | | Where Residing if not at place of death | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | |
| Father's Name <i>Elisha Ferguson</i> | | Father's Birthplace <i>Pikes Md.</i> | | | |
| Mother's Maiden Name <i>Victoria Richardson</i> | | Mother's Birthplace <i>Pikes Md.</i> | | | |
| Name of person giving information <i>Jash Wood</i> | | How related to deceased <i>Son-in-law</i> | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Premature birth</i> | How long <i>1 month</i> |
| Immediate <i>maternal</i> | How long <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician <i>John E. Sawney</i> |
| | Address <i>Forestville Md.</i> |
| Accident or Suicide? <i>neither</i> | |



Name
in
Full

Walter Gates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

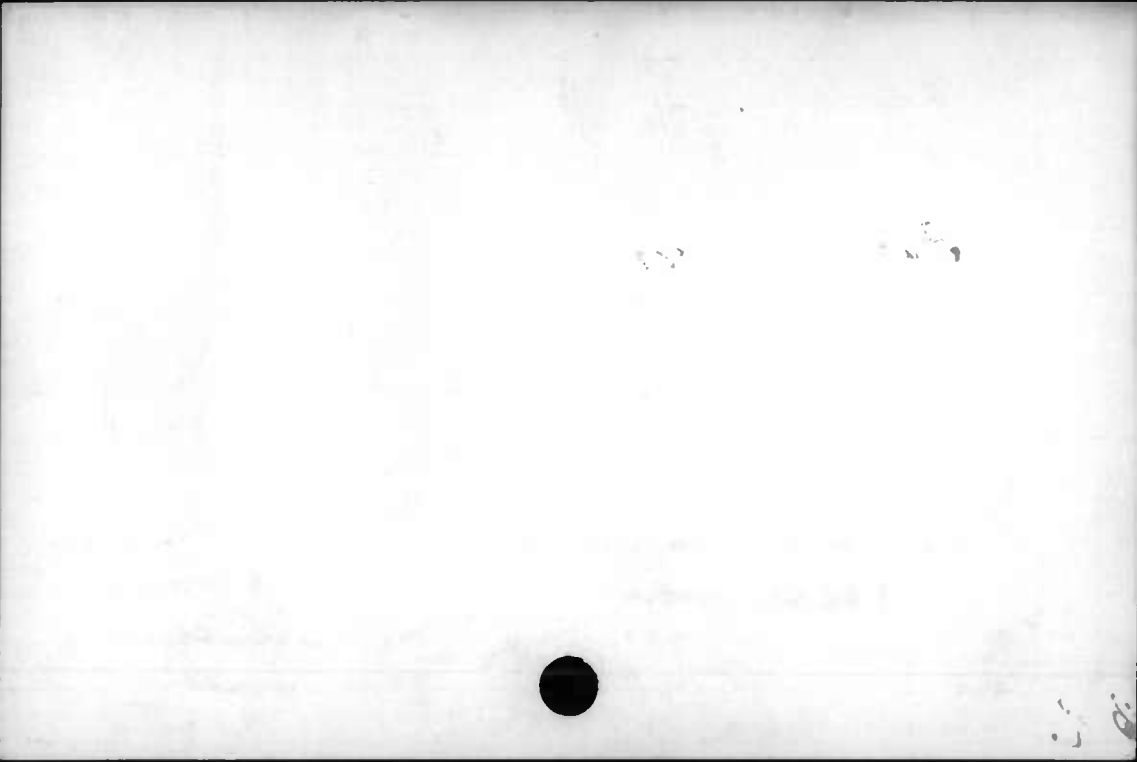
| | | | | | |
|---|----------------------------|------------------------|--|-----------------|---------------|
| Died at <i>Pilesia</i> Town | | <i>Pr. Geo.</i> County | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>11</i> | Day <i>30</i> | Age <i>2</i> | Months <i>6</i> | Days <i>-</i> |
| Sex <i>male</i> | Color or Race <i>White</i> | | Birth-place <i>Md.</i> | | |
| Occupation <i>-</i> | | | Where Residing if not at place of death <i>-</i> | | |
| Married, Single or Widowed <i>Single</i> | | | Name of Wife or Husband <i>-</i> | | |
| Father's Name <i>Philip H. Gates</i> | | | Father's Birthplace <i>Md.</i> | | |
| Mother's Maiden Name <i>Emma Brochner</i> | | | Mother's Birthplace <i>N. Y.</i> | | |
| Name of person giving information <i>Theodore Gates</i> | | | How related to deceased <i>Brother</i> | | |

CAUSES OF DEATH

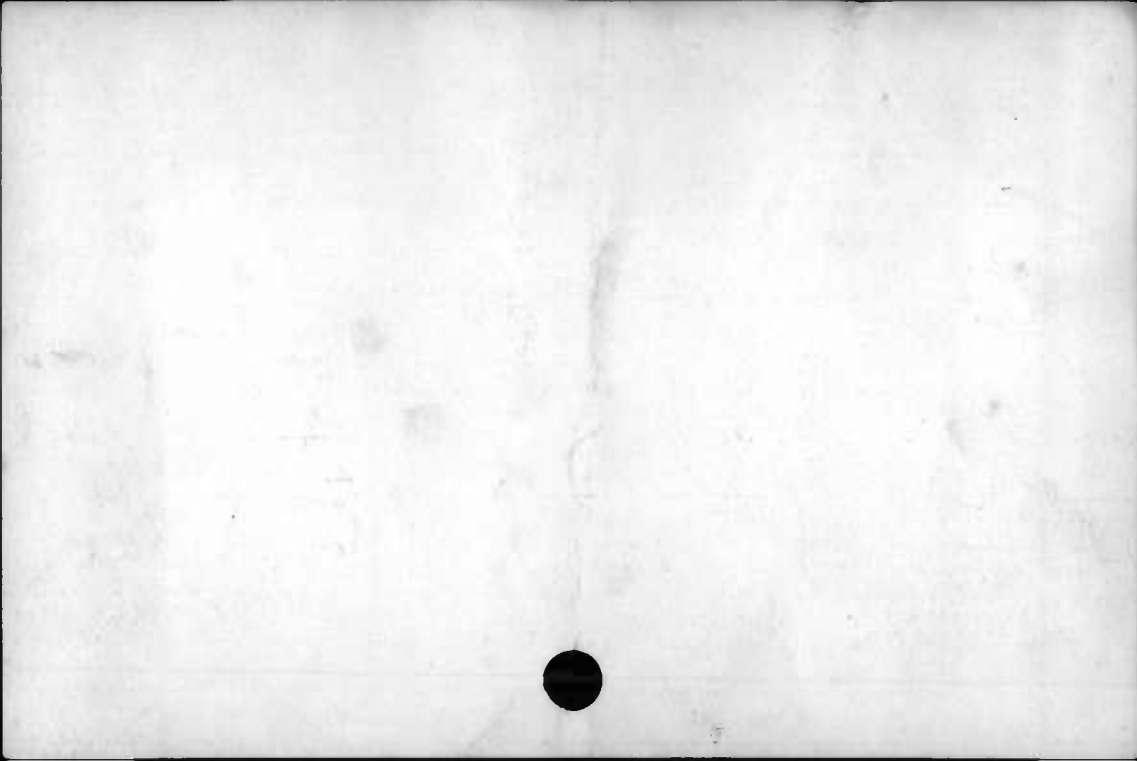
PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Diphtheria</i> | How long <i>3 days</i> |
| Immediate <i>Toxemia</i> | How long <i>6 hrs</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>E. P. Simpson</i> |
| | Address <i>E. P. SIMPSON, M.D.</i> |
| | ROSECROFT, |
| | PR. GEO. CO. MD. |

Agent or Coroner



| Name in Full | | Francis Green. | | | | CERTIFICATE OF DEATH | |
|--|--|----------------|-------------------------|---|------------------------|----------------------|-----------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | College Park | Town | Prince George | County | MARYLAND | |
| | Date of death | 1904 | Month | Nov | Day | 17 | Age 16 |
| | Sex | male | Color or Race | white | Birth-place | D.C. | Months 11 |
| | Occupation | Farm Laborer | | Where Residing if not at place of death | | | |
| | Married, Single or Widowed | single | Name of Wife or Husband | | | | |
| | Father's Name | Andrew Green | | Father's Birthplace | | Farmington Va | |
| | Mother's Maiden Name | Miranda Green | | Mother's Birthplace | | Washington D.C. | |
| Name of person giving information | Andrew Green | | How related to deceased | | Father | | |
| <div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 1px solid black; border-radius: 50%; padding: 5px;">48</div> | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Rheumatism. | | | | How long | 4 months |
| | Immediate | Pericarditis | | | | How long | 3 weeks |
| | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | |
| | Accident or Suicide? | | no | | Address | | |
| B. R. | | | | J. T. Willis. | | Fayetteville | |
| | | | | D. V. | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Helena K. Haas

Town *Mt Rainier* County *Geo.* MARYLAND

Died at *Mt Rainier*

Date of death *1907* Month *2007* Day *23rd* Age *41* Years Months *1* Days *-*

Sex *Female* Color or Race *White* Birth-place *Ill.*

Occupation *Saleslady* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm Haas, Painter*

Father's Name *unknown* Father's Birthplace *Germany*

Mother's Maiden Name *unknown* Mother's Birthplace *Germany*

Name of person giving information *-* How related to deceased *-*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular disease of Heart* How long *-*

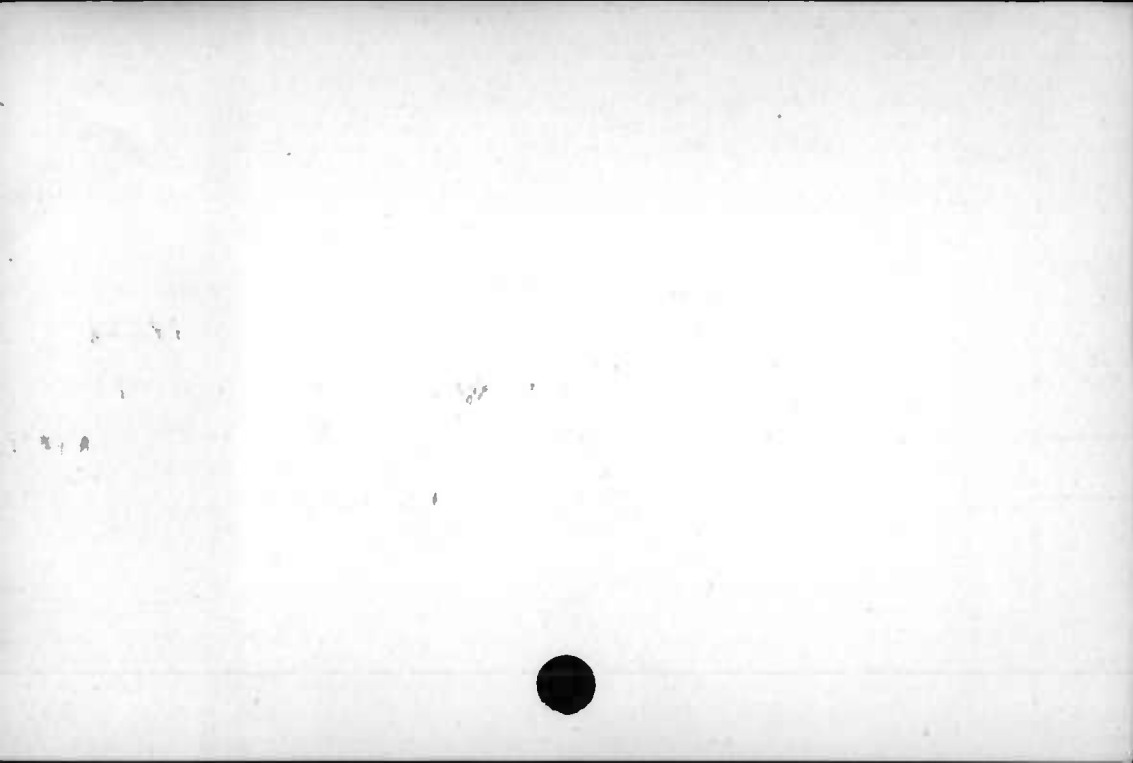
Immediate *Heart Failure* How long *-*

Are the name, age, sex, color, date and place correctly given above? *-*

Signature of Physician *W. F. Wagner M.D.*

Address *# 501 L St N.W.
Washington*

Accident or Suicide? *-*



Name
in
Full

George Henry Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 213 Town Pr Geo County MARYLAND

Date of death 1907 Month 11 Day 12 Age 39 Years Months Days

Sex male Color or Race colored Birth-place Md

Occupation laborer on R.R. Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Jessie Hall

Father's Name Henry Hall Father's Birthplace Md

Mother's Maiden Name Eliza Dodson Mother's Birthplace Md

Name of person giving information James Hall How related to deceased Son

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis How long 9 months

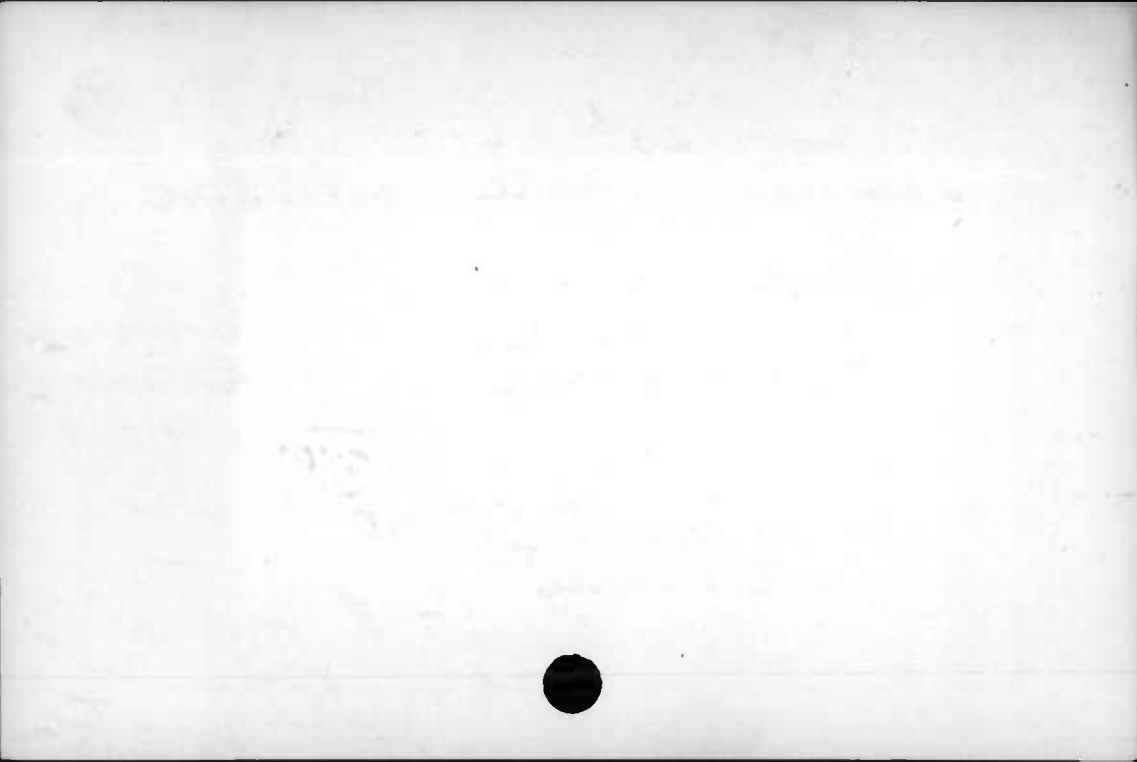
Immediate Asthma How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician John A. Coe

Address 213. Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

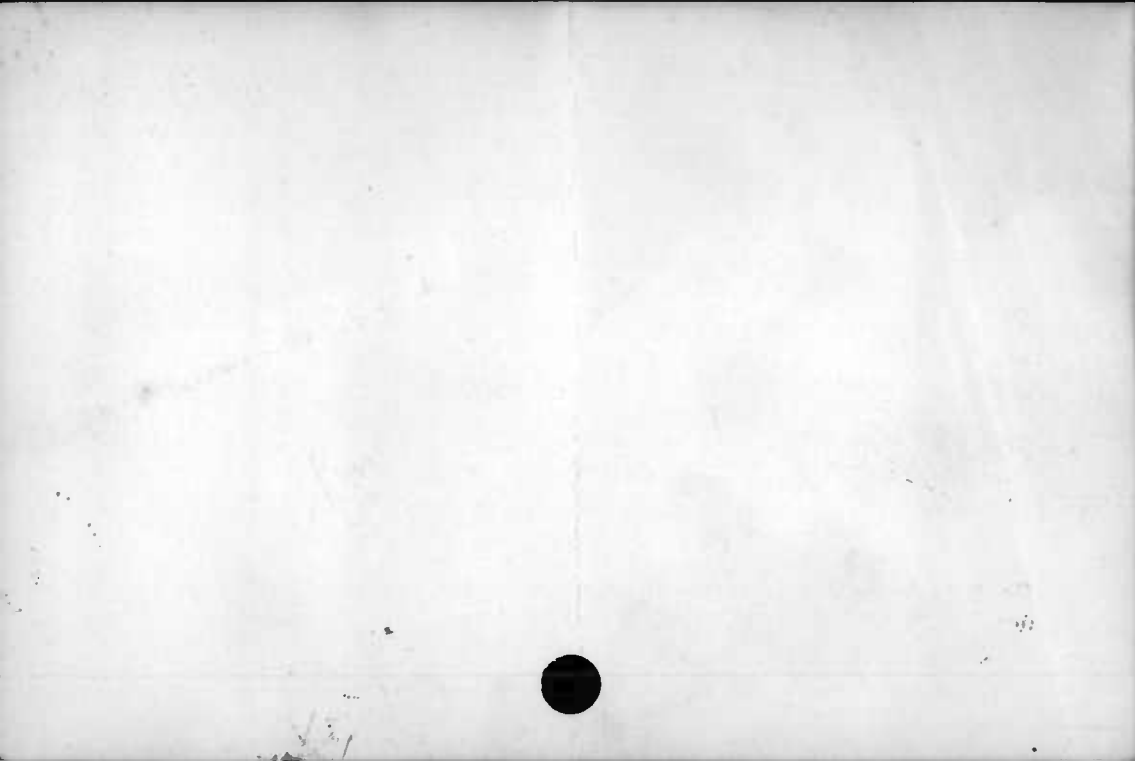
MARYLAND

| | | | | | |
|---|---------------------------------|---|---|-----------------|-------------------|
| Died at <i>Forestville</i> ^{Town} | | <i>Prince George</i> ^{County} | | | |
| Date of death | <i>1907</i> | Month <i>Nov</i> | Day <i>14</i> | Age <i>1</i> | Years <i>4</i> |
| Sex <i>male</i> | Color or Race <i>Colored</i> | | Birth-place <i>P. Geo. Md.</i> | | |
| Occupation <i>none</i> | | | Where Residing if not at place of death <i>-</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | |
| Father's Name <i>William L. Harley</i> | | Father's Birthplace <i>P. Geo. Md.</i> | | | |
| Mother's Maiden Name <i>Catherine R. Gray</i> | | Mother's Birthplace <i>P. Geo. Md.</i> | | | |
| Name of person giving information <i>William L. Harley</i> | | How related to deceased <i>Father</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary <i>Marasmus</i> | How long <i>6 months</i> |
| Immediate <i>asthenia</i> | How long <i>24 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John E. Daubay M.D.</i> |
| | Address <i>Forestville Md.</i> |
| Accident or Suicide? <i>neither</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Nettie M. Harrod* Town *Seat Pleasant* County *P. Es.*

Died at *Seat Pleasant* *P. Es.*

Date of death *1907* Month *Nov* Day *21st* Age *1* Years *7* Months *7* Days *-*

Sex *Female* Color or Race *Colored* Birth-place *7 Md*

Occupation *None* Where Residing if not at place of death *7 Md*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Edward Harrod* Father's Birthplace *Md*

Mother's Maiden Name *Addie Nichols* Mother's Birthplace *"*

Name of person giving information *—* How related to deceased *B.R.*

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

Primary *Pernicious Malaria* How long *4 wks*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *U. L. Scott M.D.*

Signature of Physician *U. L. Scott M.D.*

Address *Anacostia*

hills

Accident or Suicide? *—*

(11)



Name
in
Full

Richard Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--|------------------------------------|----------|---|--|----------|------------|
| Died at | | Town Bladensburg | | County Prince Georges | | MARYLAND | |
| Date of death | | Month Nov. | Day 5 | Years Age 66 | | Months | Days 10 |
| Sex Male | | Color or Race Black | | Birth-place Md | | | |
| Occupation Gardener | | | | Where Residing if not at place of death | | | |
| Married, Single <input checked="" type="checkbox"/> Widowed | | Name of Wife or Husband Widower | | | | | |
| Father's Name Richard Holland | | | | Father's Birthplace Belair Md. | | | |
| Mother's Maiden Name Jennine Turner | | | | Mother's Birthplace Belair Md. | | | |
| Name of person giving information Mary McDonald | | | | How related to deceased Daughter | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | | | | |
|--|--|--|----------|-------------------|
| Primary | Pneumonia, followed by Le Grippe, Exhaustion | | How long | 1 year ago |
| Immediate | Le Grippe, Exhaustion | | How long | About Three weeks |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician C. W. Birdall M.D. | | |
| Yes | | Address Hyattsville Md | | |
| Accident or Suicide? | | | | |

2
H



Name
in
Full

CERTIFICATE OF DEATH

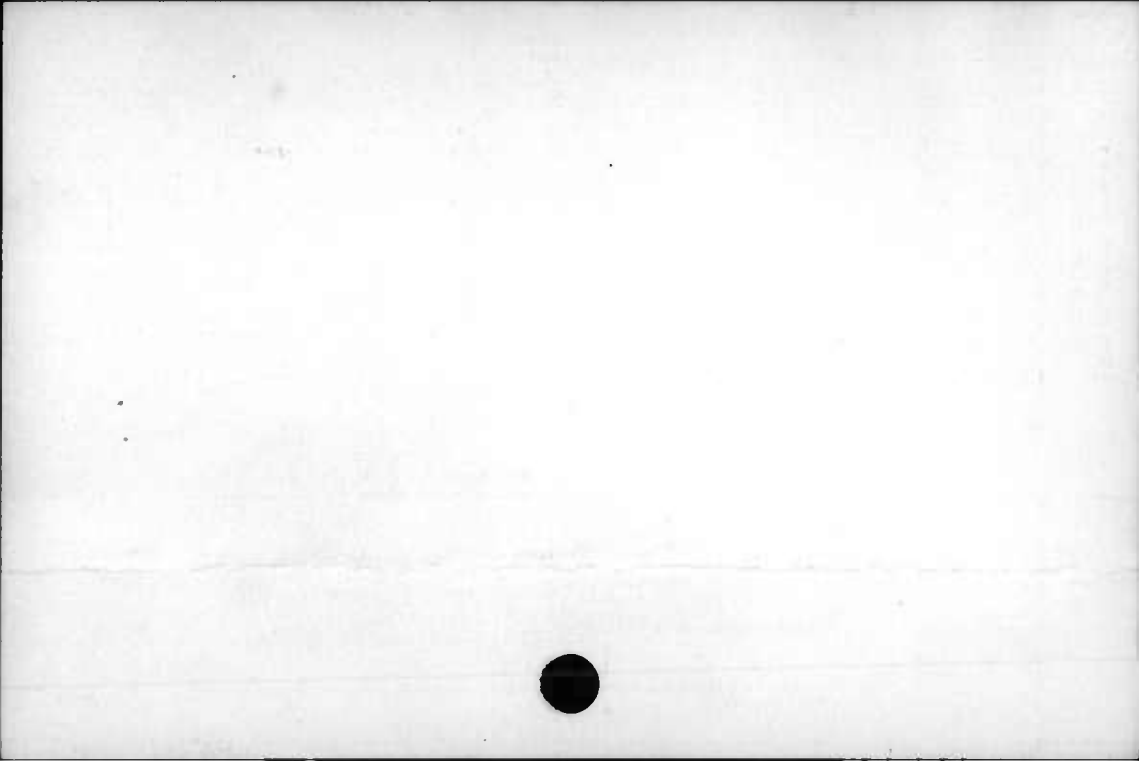
TO BE ANSWERED BY
NEAREST FRIEND

| | | | |
|---|--|-----------------------------|---|
| Died at <i>Daniel's Park</i> Town <i>Lawrence</i> County <i>Prince George</i> | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>Nov</i> | Day <i>3</i> | Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>—</i> |
| Sex <i>Male</i> | Color or Race <i>white</i> | Birth-place <i>Maryland</i> | |
| Occupation <i>—</i> | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>—</i> | Name of Wife or Husband <i>—</i> | | |
| Father's Name <i>H. F. Lawrence</i> | Father's Birthplace <i>Chicago Ill</i> | | |
| Mother's Maiden Name <i>Nellie Pierce</i> | Mother's Birthplace <i>San Francisco Cal</i> | | |
| Name of person giving information <i>H. F. Lawrence</i> | How related to deceased <i>Father</i> | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Stice born</i> | How long <i>—</i> |
| Immediate <i>—</i> | How long <i>—</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>A. H. Hume</i> |
| | Address <i>Beroya Md</i> |
| Accident or Suicide? | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Marshall A. McLeod

Town *Saurel* County *Prince George's* MARYLAND

Died at *Saurel*

Date of death *1907* Month *Nov* Day *28* Age *63* Years Months *3* Days

Sex *Male* Color or Race *White* Birth place *Maryland*

Occupation *Telegrapher* Where Residing if not at place of death *Baltimore*

Married, ~~Single~~ or Widowed Name of Wife or Husband *Unknown*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information How related to deceased *Unknown*

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary *Senile Melancholia* How long *1 yr*

Immediate *Exhaustion* How long *1 week*

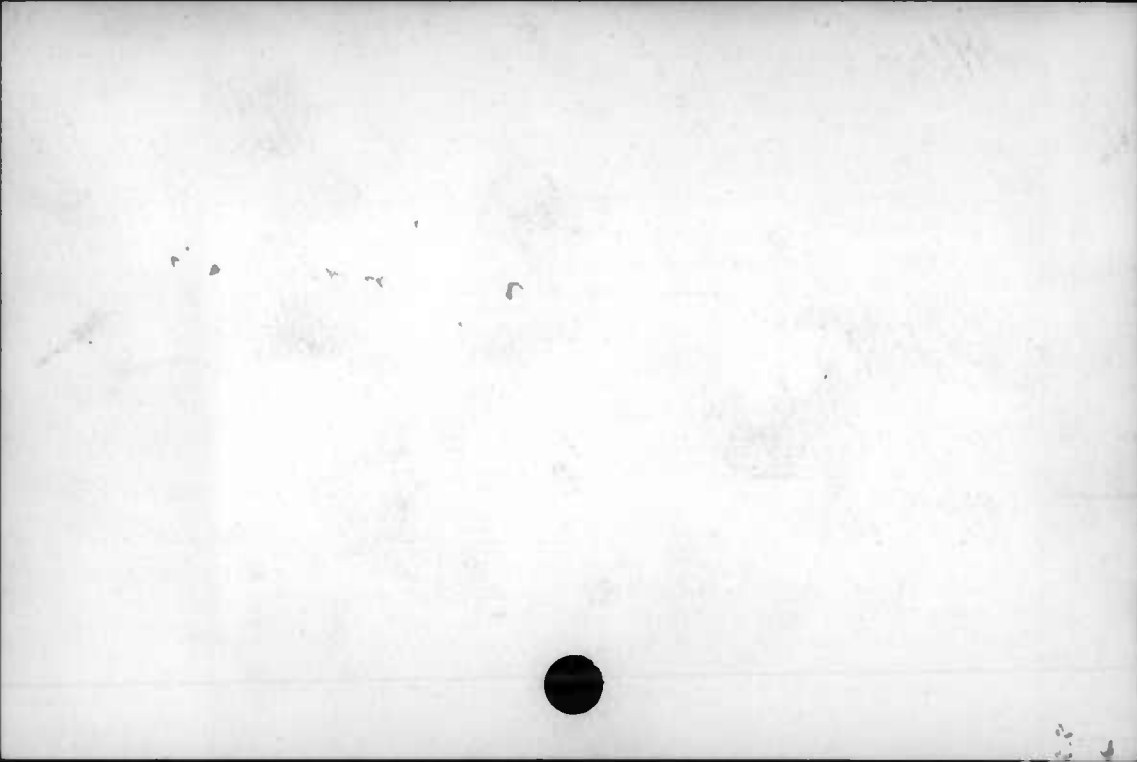
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Jesse Cloggin*

Address *Saurel*

760

~~Accident or Suicide?~~



Name
in
Full

Bernard McKay

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

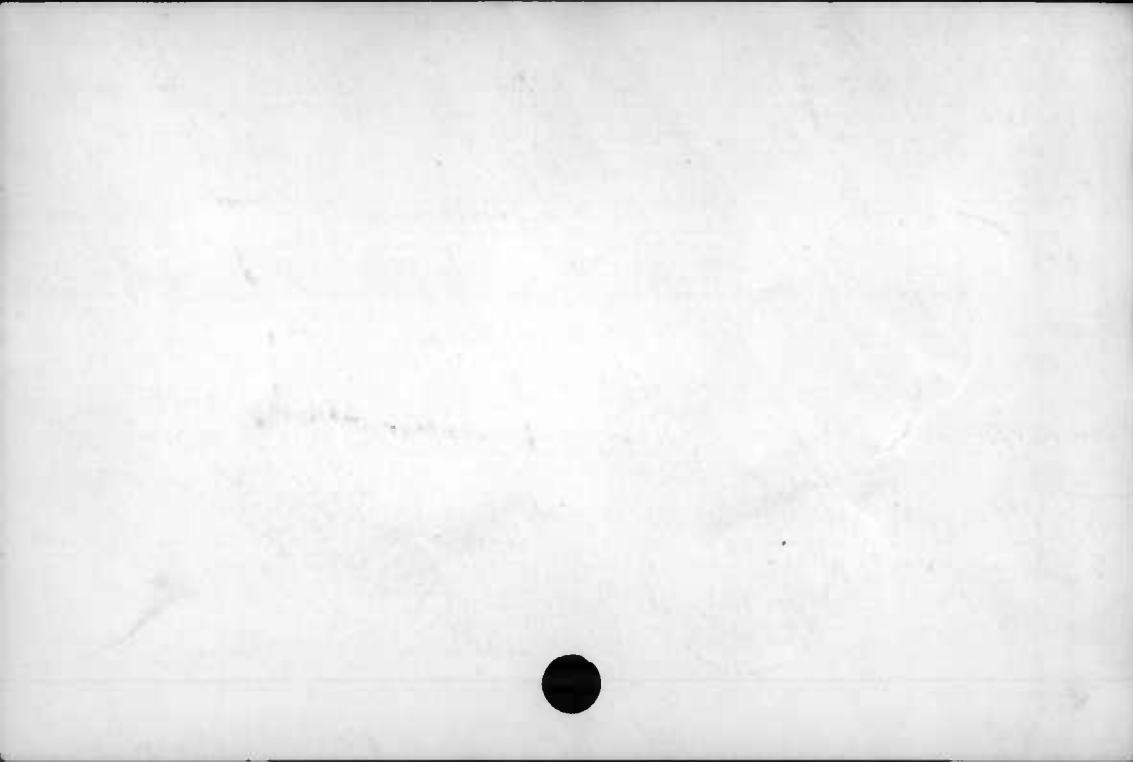
| | | | | | |
|-----------------------------------|------|-----------------------|----|-------------------------|---------------|
| Died at | | Town | | County | |
| Laurel Md | | Prince Geo | | | |
| Date of death | 1907 | Month | 10 | Day | 20 |
| Age | | 66 | | Years | |
| Sex | | Male | | Color or Race | White |
| Occupation | | Luisian | | Birth place | Lavan Ireland |
| Married, Single or Widowed | | Widowed | | Name of Wife or Husband | |
| John McKay | | Donk Ryan dead 20 yrs | | | |
| Father's Name | | John McKay | | Father's Birthplace | |
| Mother's Maiden Name | | Magistrate McParrin | | Mother's Birthplace | |
| Name of person giving information | | Catherine McKay | | How related to deceased | |

CAUSES OF DEATH

(66)

PHYSICIAN
OR CORONER

| | | | |
|--|------------|------------|--------|
| Primary | Paras | How long | 2 yrs |
| Immediate | Paralepsia | How long | 2 days |
| Are the name, age, sex, color, date and place correctly given above? | | y/s | |
| Signature of Physician | | J. R. Hunt | |
| Address | | Laurel | |
| Accident or Suicide? | | No | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

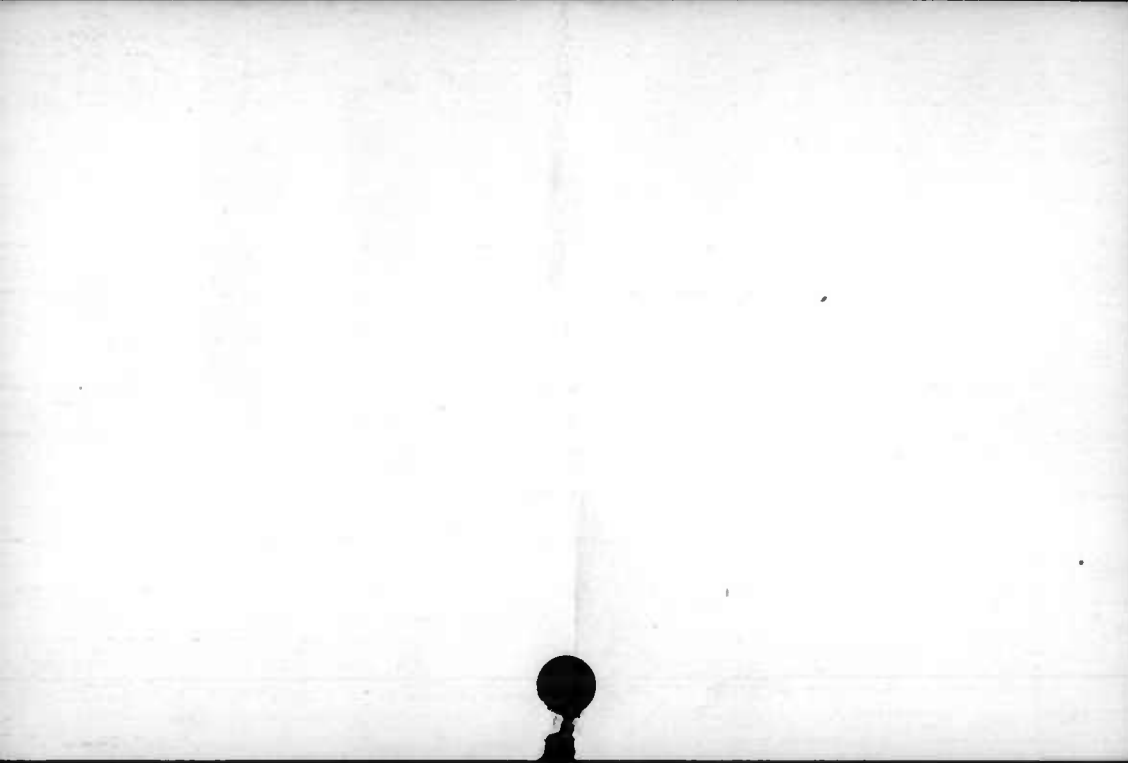
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|--------------------------------------|--|--|--|----------------------------|--|------------------------|--|
| Name in Full | | Town | | County | | MARYLAND | |
| Died at | | Date of death | | Age | | Months Days | |
| Sex | | Color or Race | | Birth- place | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | | Mother's Maiden Name | | Father's Birthplace | | Mother's Birthplace | |
| Name of person giving information | | | | How related to deceased | | | |

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

| | | | |
|---|----------------|---------------------------|-----------|
| Primary | Natural Causes | How long | Immediate |
| Immediate | Heart Trouble | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| yes | | Address | |
| neither | | | |
| Accident or Suicide? | | | |



Name
in
Full

Hellie Payne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

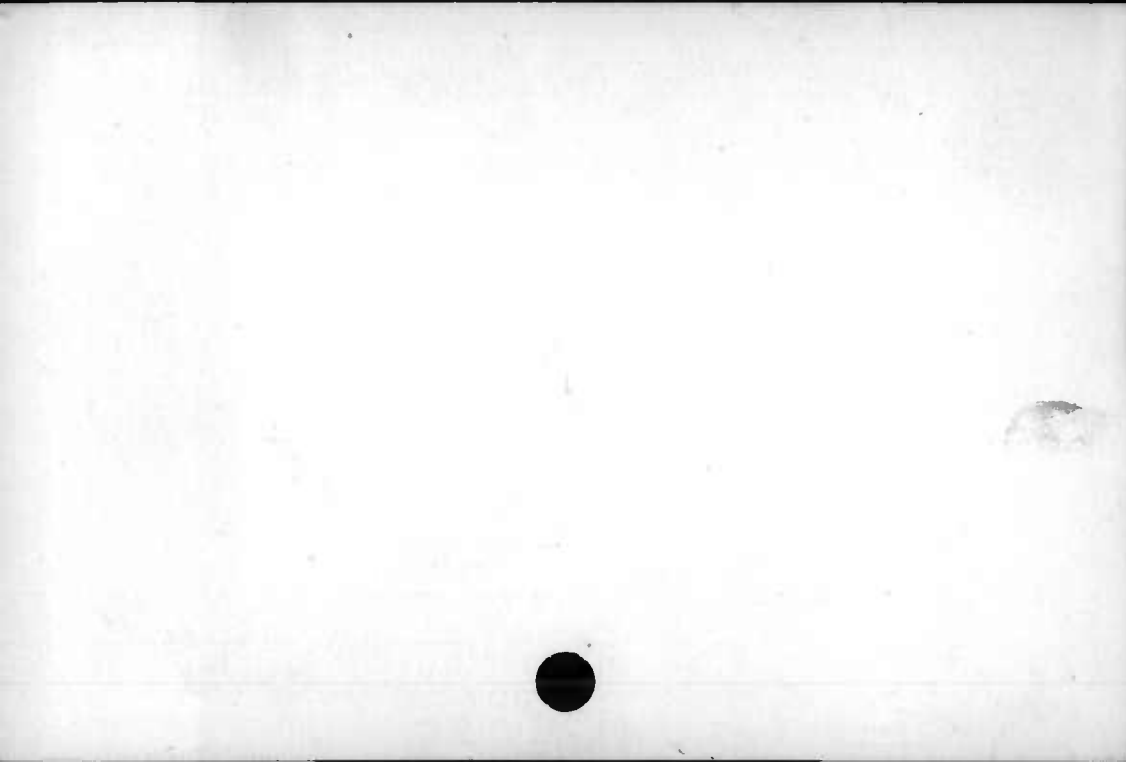
| | | | | | |
|--|----------------------------|---|--|----------------|-----------------|
| Died at <i>Brentwood</i> ^{Town} | | <i>Prince Georges</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>11</i> | Day <i>16</i> | Age <i>8</i> | Years <i>—</i> | Months <i>—</i> |
| Sex <i>Female</i> | Color or Race <i>White</i> | | Birth-place <i>Ind.</i> | | |
| Occupation <i>home</i> | | | Where Residing if not at place of death <i>—</i> | | |
| Married, Single or Widowed <i>—</i> | | Name of Wife or Husband <i>—</i> | | | |
| Father's Name <i>Robert L. Payne</i> | | | Father's Birthplace <i>D.C.</i> | | |
| Mother's Maiden Name <i>Effie Green</i> | | | Mother's Birthplace <i>D.C.</i> | | |
| Name of person giving information <i>Effie Payne</i> | | | How related to deceased <i>Mother</i> | | |

CAUSES OF DEATH

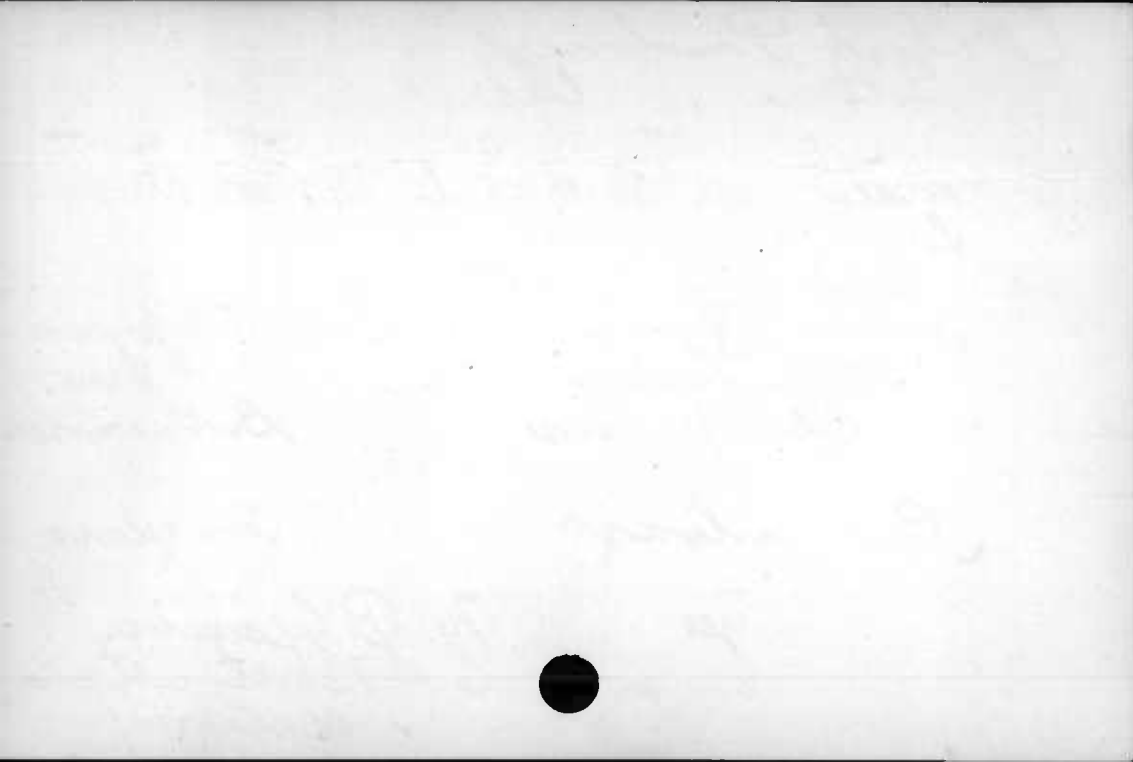
9

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Laryngeal Diphtheria</i> | How long <i>1 week.</i> |
| Immediate <i>Dyspnoea</i> | How long <i>70 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | Signature of Physician <i>Harry Kelley M.D.</i> |
| | Address <i>Mt. Rainier Ind.</i> |
| Accident or Suicide? <i>—</i> | |



| | | | |
|--|--|---|---|
| Name in Full Lucinda Pinkney | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | Died at 213 Town | | County Rocky |
| | Date of death 1907 11 Month | | Day 14 Years 77 Months Days |
| | Sex female | Color or Race colored | Birth place ma |
| | Occupation None | Where Residing if not at place of death | |
| | Married, Single or Widowed widow | Name of Wife or Husband Isaac Pinkney | |
| | Father's Name Don't know | Father's Birthplace | |
| | Mother's Maiden Name " " | Mother's Birthplace | |
| Name of person giving information Robt. Pinkney | How related to deceased son | | |
| CAUSES OF DEATH | | | |
| PHYSICIAN OR CORONER | Primary | valvular heart disease 79 How long several years | |
| | Immediate | Invalid for years How long | |
| | Are the name, age, sex, color, date and place correctly given above? | yes Signature of Physician John A. Cor | |
| | | Address 213 ma | |
| | Accident or Suicide? | | |



Name
in
Full

Thomas R Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

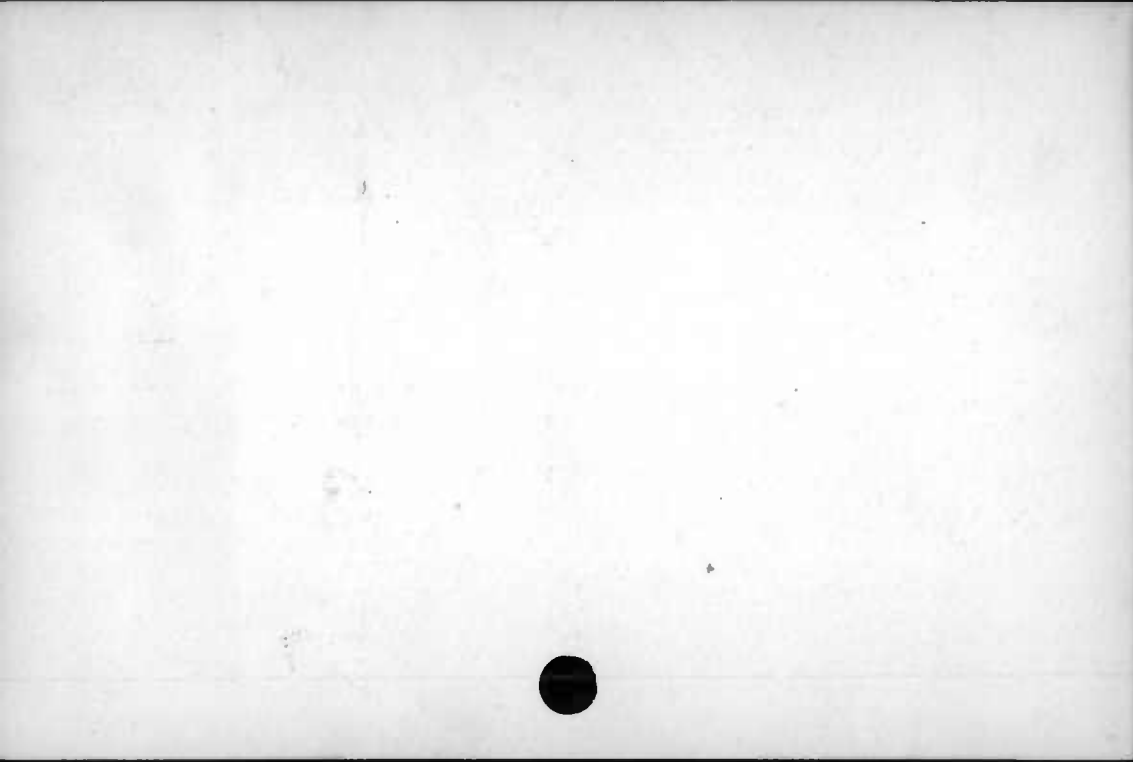
| | | | | | | | |
|--------------------------------------|--|------------------|--------------|--|-----------|-------------------|-------------|
| Died at | | Town Landover | | County Prince George | | MARYLAND | |
| Date of death | | 1907 | Month Nov | Day 5 | Age 28 | Years 10 | Months 8 |
| Sex | | Male | | Color or Race | | White | |
| Occupation | | Unknown | | Where Residing if not at place of death | | Va. | |
| Married, Single or Widowed | | Single | | Name of Wife or Husband | | | |
| Father's Name | | Ed. Price | | Father's Birthplace | | Richmond Va | |
| Mother's Maiden Name | | Lou F. Little | | Mother's Birthplace | | Fredericksburg Va | |
| Name of person giving information | | H. G. Price | | How related to deceased | | Brother | |

CAUSES OF DEATH

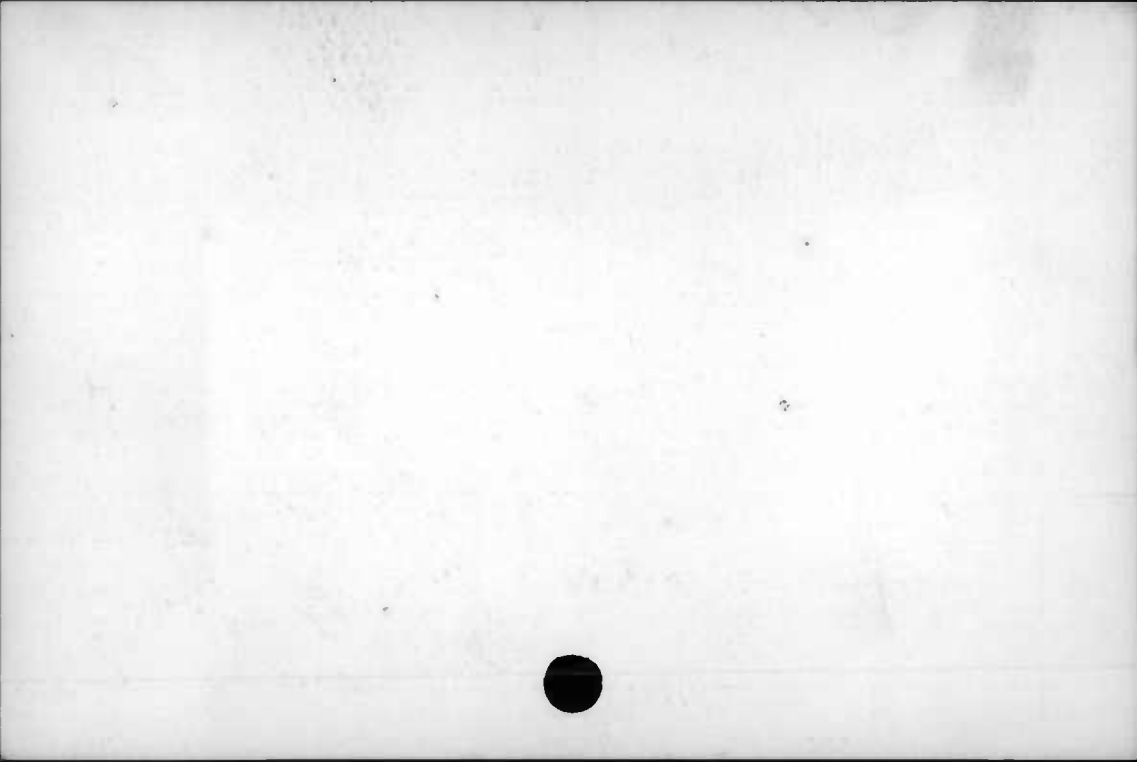
166

PHYSICIAN
OR CORONER

| | |
|---|------------------------------|
| Primary | How long |
| Immediate | How long |
| Struck by Passenger Train Pen. R.R. | |
| Are the name, age, sex, color, date and place correctly given above? | Yes |
| Signature of Physician | Augustus H. Dahler M.D. Cor. |
| Address | Bladensburg Md |
| Accident or Suicide? | |



| | | | | | | | |
|-------------------------------------|--|--|--|---|-----|-------------------------|-------|
| Name in Full | | Edward R. Reul | | | | CERTIFICATE OF DEATH | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Town | | County | |
| | | Date of death | | Month | Day | Age | Years |
| | | Sex | | Color or Race | | Birth-place | |
| | | Occupation | | Where Residing if not at place of death | | | |
| | | Married, Single or Widowed | | Name of Wife or Husband | | | |
| | | Father's Name | | Father's Birthplace | | | |
| | | Mother's Maiden Name | | Mother's Birthplace | | | |
| Name of person giving information | | Antecedents not known | | | | How related to deceased | |
| | | CAUSES OF DEATH | | | | | |
| PHYSICIAN OR CORONER | | Primary | | Accident | | How long | |
| | | Immediate | | Struck by railroad train | | How long | |
| | | Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | | | |
| | | | | Address | | | |
| | | Accident or Suicide? | | Jrs | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

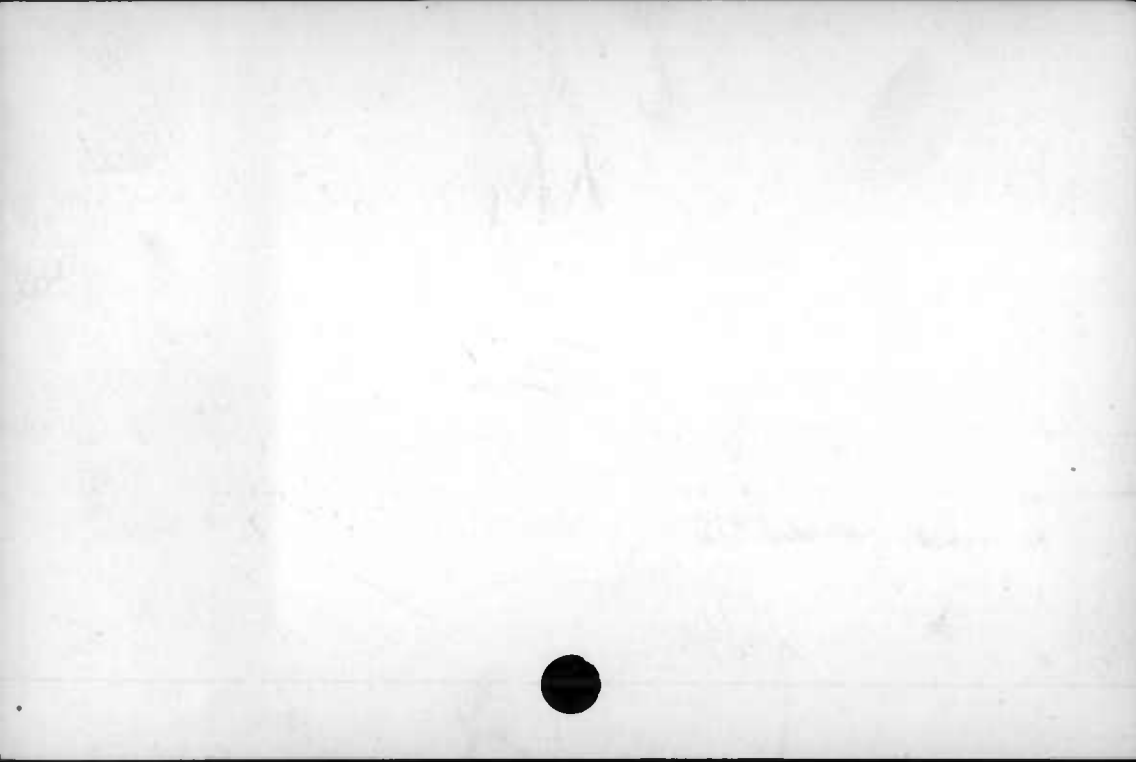
| | | | | | | | |
|-----------------------------------|--|---|-----|-------------|-------|--------|------|
| Died at | | Town | | County | | STATE | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| Sex | | Color or Race | | Birth-place | | | |
| Occupation | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name | | Father's Birthplace | | | | | |
| Mother's Maiden Name | | Mother's Birthplace | | | | | |
| Name of person giving information | | How related to deceased | | | | | |

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

| | |
|--|------------------------|
| Primary | How long |
| Immediate | How long |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| Address | |
| Accident or Suicide? | |



Name
in
Full

Harriett Summons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

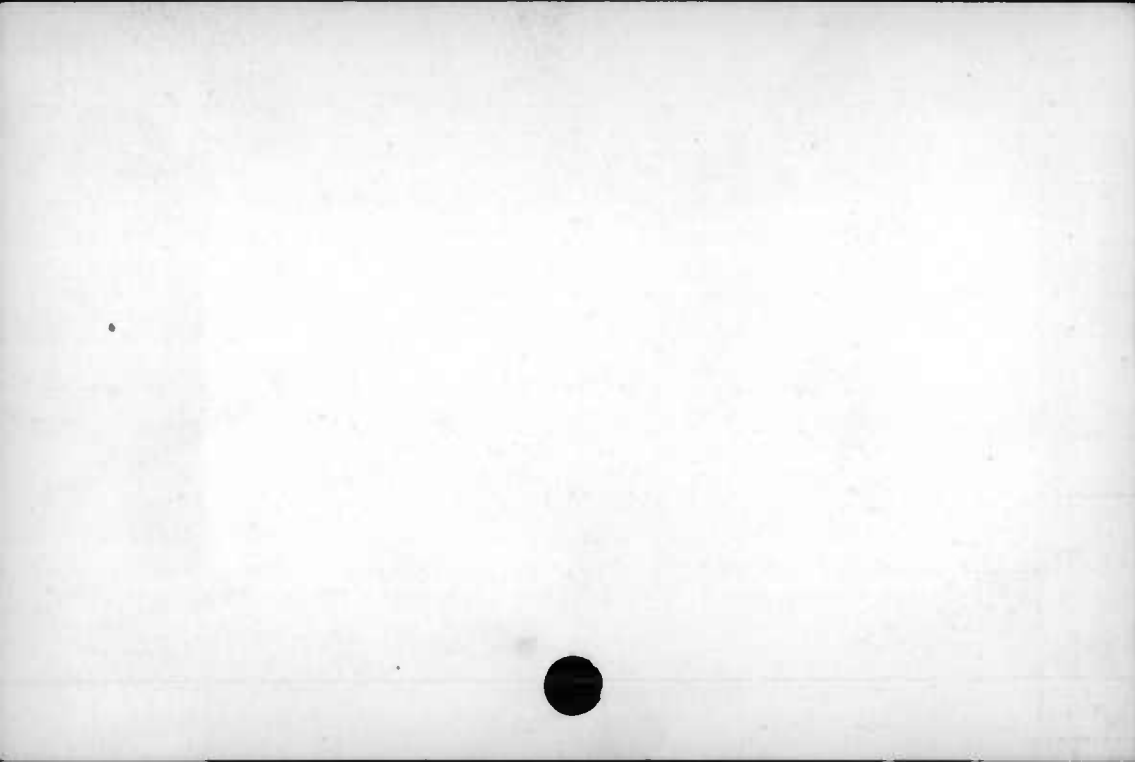
| | | | | | | | |
|-----------------------------------|-----------------------|---------------------|--------------|---|-------------------------|-----------------|-----------|
| Died at <i>Home</i> | | Town <i>Pr. Geo</i> | | County | | MARYLAND | |
| Date of death | <i>1907</i> | Month | <i>Nov</i> | Day | <i>7</i> | Years | <i>82</i> |
| Sex | <i>Female</i> | Color or Race | <i>White</i> | Birth-place | <i>Virginia</i> | | |
| Occupation | <i>Not Retired</i> | | | Where Residing if not at place of death | | <i>Same as</i> | |
| Married, Single or Widowed | <i>yes</i> | | | Name of Wife or Husband | | | |
| Father's Name | <i>Henry A. Fry</i> | | | | Father's Birthplace | <i>Virginia</i> | |
| Mother's Maiden Name | <i>Mary Arlington</i> | | | | Mother's Birthplace | <i>Virginia</i> | |
| Name of person giving information | <i>James Summons</i> | | | | How related to deceased | <i>Son</i> | |

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

| | | | |
|--|--------------------------|------------------------|-------------------------|
| Primary | <i>Chronic Nephritis</i> | How long | <i>10 years</i> |
| Immediate | <i>Heart failure</i> | How long | <i>2 hours</i> |
| Are the name, age, sex, color, date and place correctly given above? | <i>yes.</i> | Signature of Physician | <i>D. R. C. Starley</i> |
| | | Address | <i>Summ. Ind.</i> |
| Accident or Suicide? | | | |



Name
in
Full

Mrs. Frances A. Smallwood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

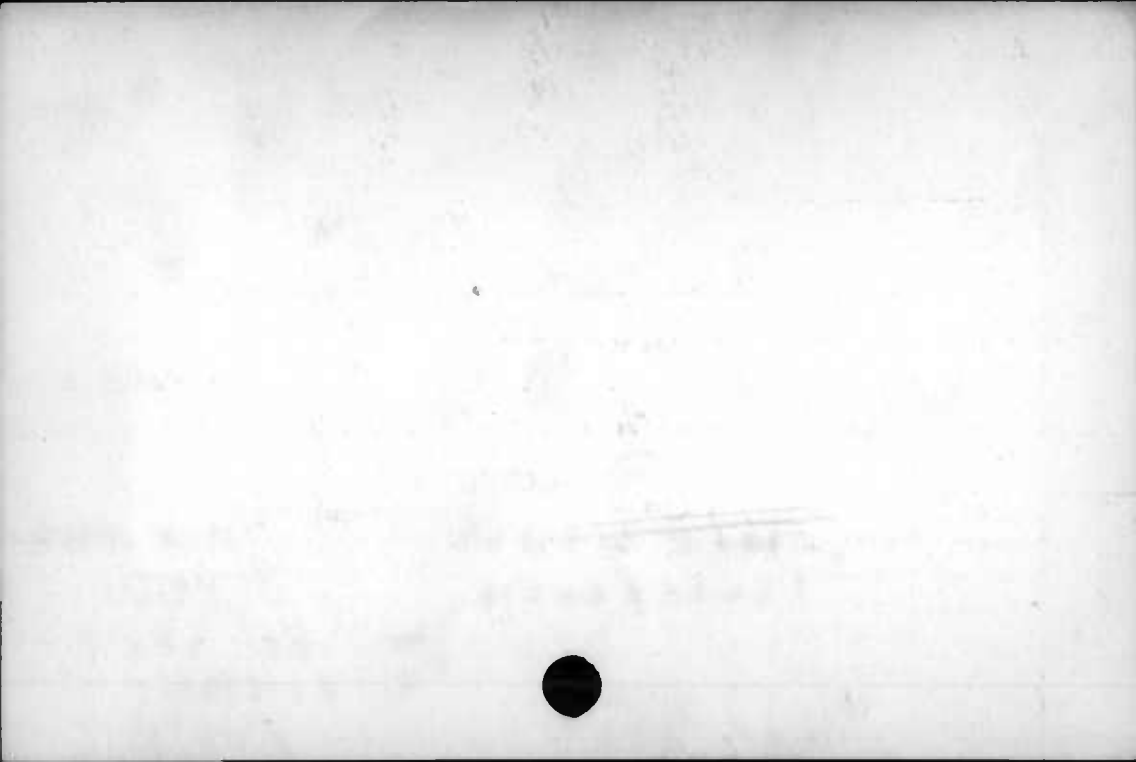
| | | | | | | | |
|--|------------------------|---|--------------------------|--------------------|-------------|----------|------|
| Died at | | Town Laurel | | County Pr. Geo. | | MARYLAND | |
| Date of death 1907 | | Month 11 | Day 23 | Age 64 | Years 25 | Months | Days |
| Sex Female | Color or Race White | | Birth-place Mont. Co. | | | | |
| Occupation Housewife | | Where Residing if not at place of death Ashley Mont. Co. | | | | | |
| Married, Single or Widowed Widowed | | Name of Wife or Husband Jesse Donahewood | | | | | |
| Father's Name Alfred Marlow | | Father's Birthplace Mont. Co. | | | | | |
| Mother's Maiden Name Sarah Johnson | | Mother's Birthplace — | | | | | |
| Name of person giving information Miss Maggie Smallwood | | How related to deceased Sister in Law | | | | | |

CAUSES OF DEATH

(113)

PHYSICIAN
OR CORONER

| | | | |
|--|------------------|------------------------|----------|
| Primary | Cholelithiasis | How long | 7 months |
| Immediate | Cardiac Asthenia | How long | Suddenly |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| Yes | | W. T. Taylor | |
| | | Address Laurel Md | |
| Accident or Suicide? | | | |



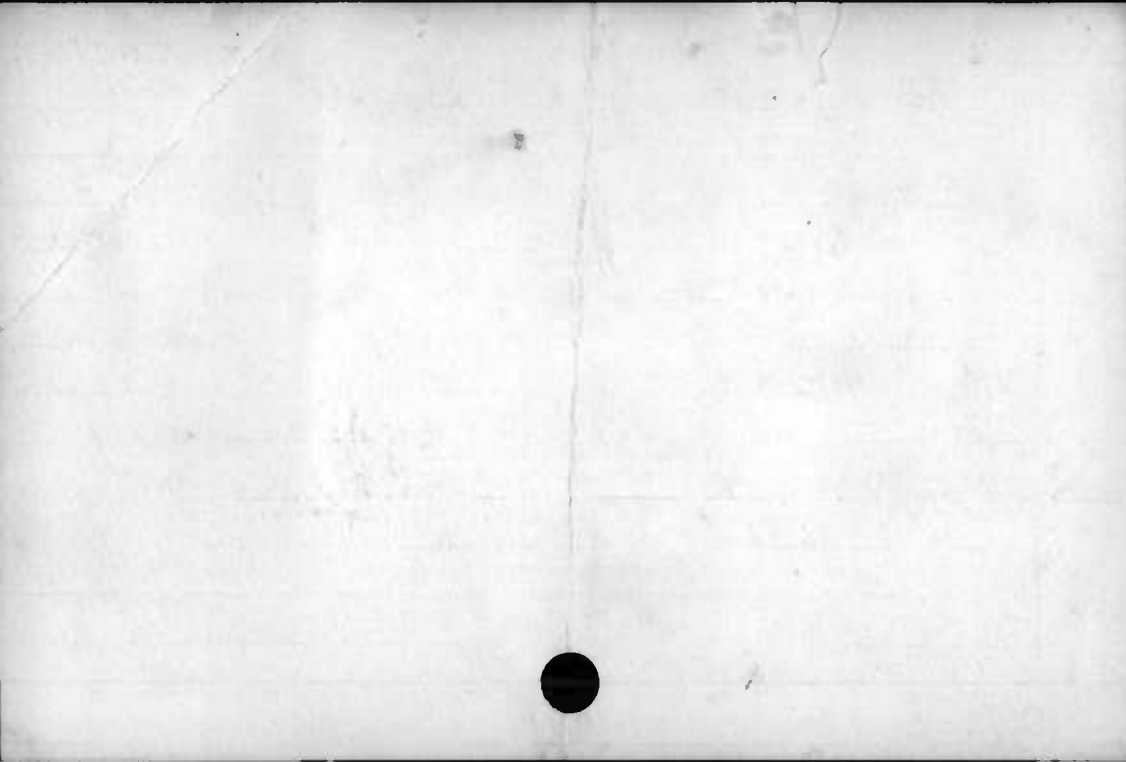
Name
in
FullElla M. ~~Stockman~~

CERTIFICATE OF DEATH

| | | | | | |
|---|--|--|--|------------------------------|--|
| Died at <u>Keyattsville</u> <small>Town</small> | | <u>Prince George</u> <small>County</small> | | MARYLAND | |
| Date of death <u>1907</u> <small>Month</small> <u>Nov.</u> <small>Day</small> <u>11</u> <small>Age</small> <u>49</u> <small>Years</small> <u>11</u> <small>Months</small> <u>18</u> <small>Days</small> | | | | | |
| Sex <u>female</u> | | Color or Race <u>white</u> | | Birth-place <u>Baltimore</u> | |
| Occupation | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <u>married</u> | | Name of Wife or Husband <u>James A. Stockman</u> | | | |
| Father's Name <u>William O. John</u> | | Father's Birthplace <u>Baltimore</u> | | | |
| Mother's Maiden Name <u>Catherine V.</u> | | Mother's Birthplace <u>Riverton</u> | | | |
| Name of person giving Information <u>James A. Stockman</u> | | How related to deceased <u>Husband</u> | | | |

CAUSES OF DEATH

| | |
|---|--|
| Primary <u>typhoid fever</u> | How long <u>Four weeks</u> |
| Immediate <u>peritonitis</u> | How long <u>3 days</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>yes</u> | Signature of Physician <u>W. C. Willis</u> |
| | Address <u>Keyattsville</u> |
| Accident or Suicide? <u>no</u> | <u>med.</u> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

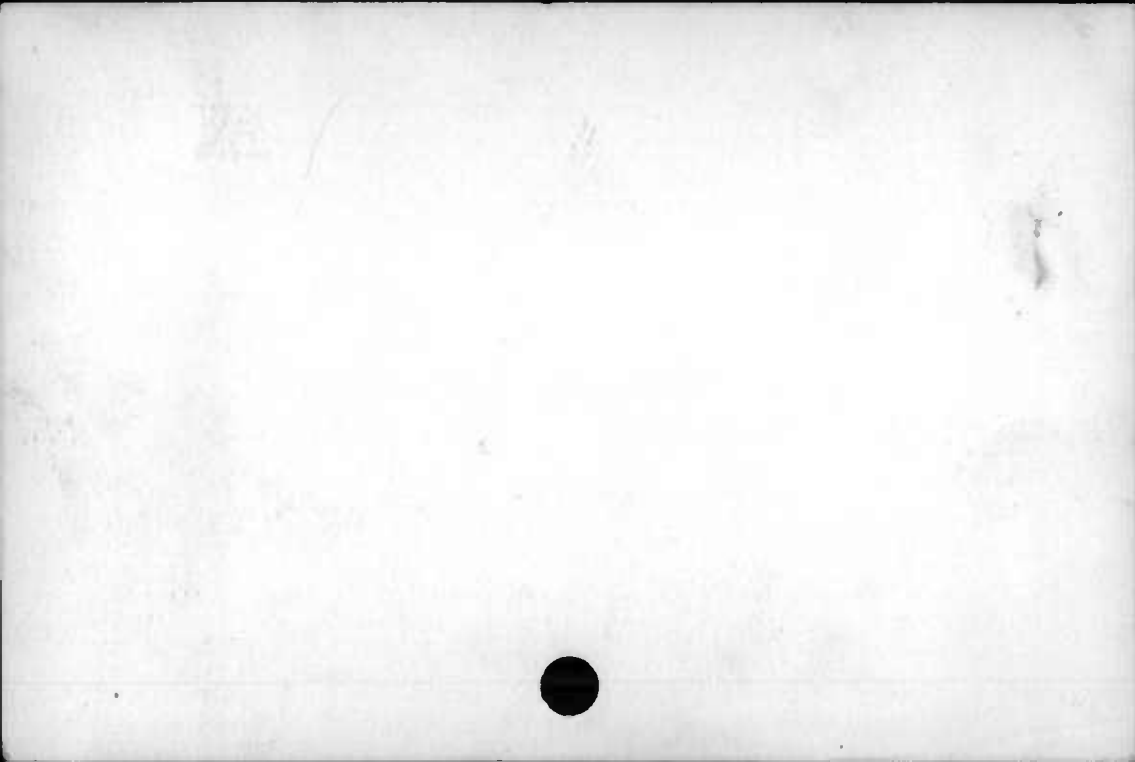
| | | | | | | | |
|-----------------------------------|-----------|-----------------|-------|---|-------|----------|------|
| Name in Full | | Archie Layman | | County | | MARYLAND | |
| Died at | | Croom | | Prager | | | |
| Date of death | | Month | Day | Age | Years | Months | Days |
| 1907 | | Nov | 2 | 56 | | | |
| Sex | Female | Color or Race | White | Birth-place | | Md | |
| Occupation | Housewife | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | Widowed | | | Name of Wife or Husband | | | |
| Father's Name | | John Gallaburn | | Jeddoch Layman | | | |
| Mother's Maiden Name | | Nellie Ogile | | Father's Birthplace | | | |
| Name of person giving information | | Harry P. Layman | | Mother's Birthplace | | | |
| | | | | How related to deceased | | | |
| | | | | Son | | | |

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|------------------------|---------|
| Primary | Pulmonary Congestion | How long | 6 hours |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | Ed H. Gibbons | |
| | | Address | |
| | | Croom Md | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|--|--------------------------|----------------------------------|-------------------------|---|---------|-------------|--------|
| Name in Full <i>Mathew H. Teulon Teulon</i> | | Town <i>Maryland Park Md.</i> | | County <i>P. Es.</i> | | | |
| Died at | | | | | | | |
| Date of death | 1907 | Month | Nov | Day | 14 | Age | 49 |
| Sex | male | | Color or Race | White | | Birth place | Canada |
| Occupation | Clerk | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | married | | Name of Wife or Husband | Emily Gibbs | | | |
| Father's Name | Dr Am H. Teulon | | | Father's Birthplace | France | | |
| Mother's Maiden Name | Eliza maiden name of Ann | | | Mother's Birthplace | England | | |
| Name of person giving information | | | | How related and deceased | | | |

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

| | | | |
|--|------------------------|--|---------------|
| Primary | <i>Nephritis</i> | How long | <i>1 yr</i> |
| Immediate | <i>Acute nephritis</i> | How long | <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Signature of Physician | |
| | | <i>O. A. Purdew M.D.</i> | |
| | | Address | |
| | | <i>6310 2nd St N.W. Wash. D.C.</i> | |
| Accident or Suicide? | | | |

BR.



Name
in
Full

Lula Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

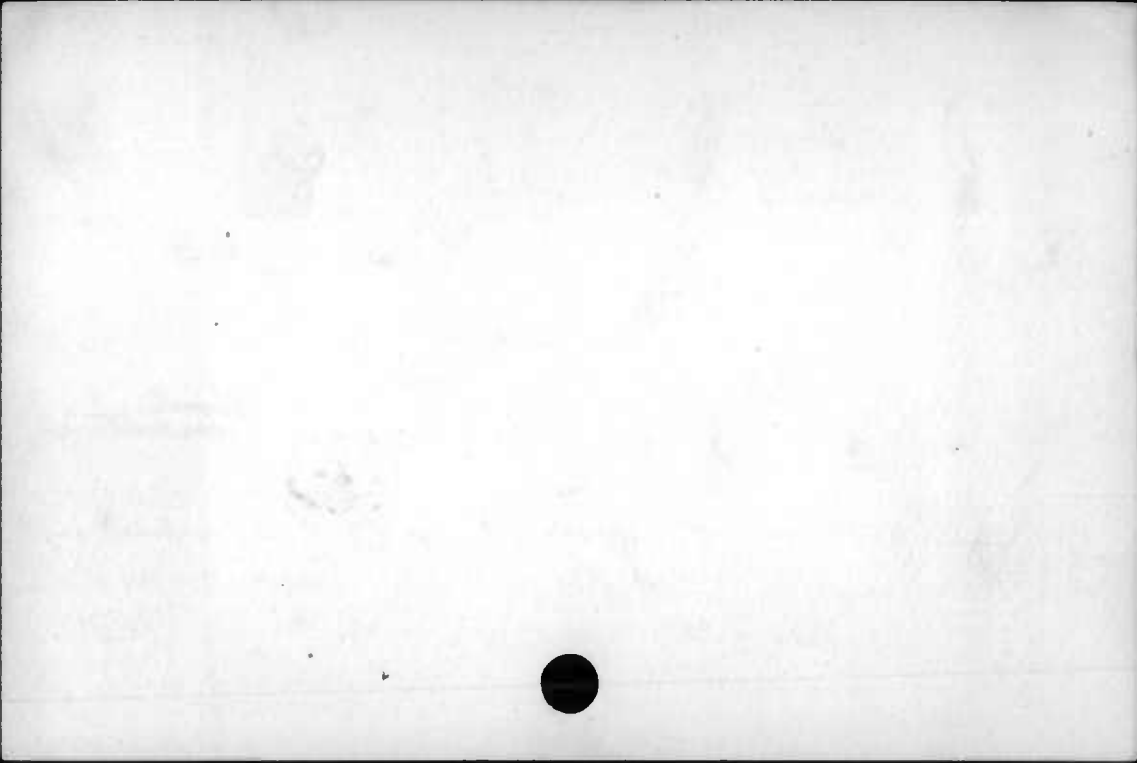
| | | | | | | | | |
|--|--|----------------------------------|--|--|--|--------------------------------|------------------------------|--|
| Died at <i>MuirKirk</i> <small>Town</small> | | | <i>Prince George</i> <small>County</small> | | | MARYLAND | | |
| Date of death <i>1907</i> | | <i>Nov</i> <small>Month</small> | <i>5-</i> <small>Day</small> | <i>one year</i> <small>Years</small> | | <i>-</i> <small>Months</small> | <i>-</i> <small>Days</small> | |
| Sex <i>Female</i> | | Color or Race <i>dark. Black</i> | | Birth-place <i>Ma</i> | | | | |
| Occupation <i>-</i> | | | | Where Residing if not at place of death <i>-</i> | | | | |
| Married, Single or Widowed <i>-</i> | | | | Name of Wife or Husband <i>-</i> | | | | |
| Father's Name <i>Marcel Thomas</i> | | | | Father's Birthplace <i>Ma</i> | | | | |
| Mother's Maiden Name <i>Lula Thomas</i> | | | | Mother's Birthplace <i>Ma</i> | | | | |
| Name of person giving information <i>Marcel Thomas</i> | | | | How related to deceased <i>Father</i> | | | | |

CAUSES OF DEATH

(95)

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------------|--------------------|---------------|
| Primary | <i>Congestion of Lungs</i> | How long | <i>3 days</i> |
| Immediate | <i>-</i> | How long | <i>-</i> |
| Are the name, age, sex, color, date and place correctly given above? | | Yes <i>Yes</i> | |
| Signature of Physician | | <i>C. A. Fox</i> | |
| Address | | <i>Bureau road</i> | |
| Accident or Suicide? | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

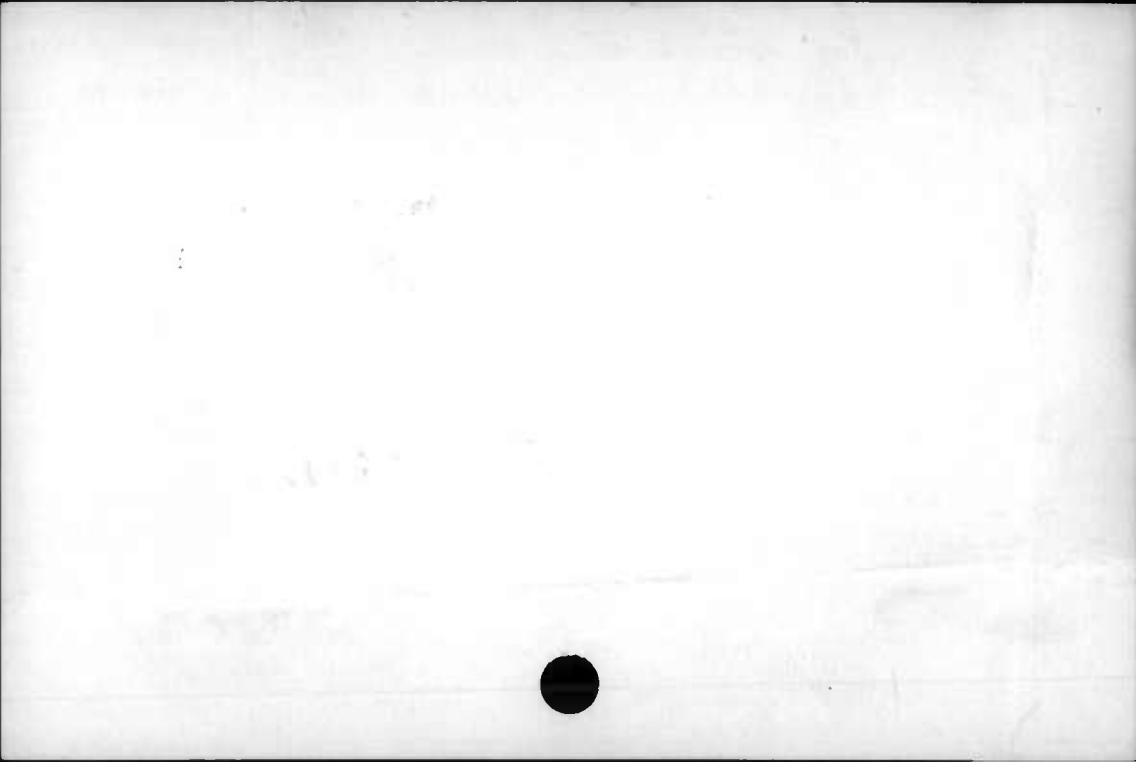
| | | | | | |
|---|--|-----------------------------|----------------------------|----------------------------|--------------------------|
| Died at <u>Colinton</u> ^{Town} | | <u>Pg</u> ^{County} | | MARYLAND | |
| Date of death <u>1907</u> | <u>Nov</u> ^{Month} | <u>15</u> ^{Day} | <u>19</u> ^{Years} | <u>—</u> ^{Months} | <u>—</u> ^{Days} |
| Sex <u>Male</u> | Color or Race <u>White</u> | Birth-place <u>Med</u> | | | |
| Occupation <u>Laborer</u> | Where Residing if not at place of death <u>—</u> | | | | |
| Married, Single or Widowed | Name of Wife or Husband <u>—</u> | | | | |
| Father's Name <u>Sam. Thompson</u> | Father's Birthplace <u>Med</u> | | | | |
| Mother's Maiden Name <u>Radgett</u> | Mother's Birthplace <u>Med</u> | | | | |
| Name of person giving information <u>Lewis Thompson</u> | How related to deceased <u>Halter</u> | | <u>Inspector</u> | | |

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

| | | | |
|---|---------------------------------------|--|----------|
| Primary | <u>Gunshot wound Head - Immediate</u> | How long | <u>—</u> |
| Immediate | <u>cessation of vital functions</u> | How long | <u>—</u> |
| Are the name, age, sex, color, date and place correctly given above? <u>Yes</u> | | Signature of Physician <u>J. L. Waring</u> | |
| | | Address <u>Clinton</u> | |
| Accident or Suicide? <u>—</u> | | | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

Mar

26

Age

50

Sex

Male

Color or
Race

Colored

Birth-
place

Maulboro

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Chornie Gilman

Father's
Name

Edward Gilman (or Gilghman)

Father's
Birthplace

Md

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Md

Name of person giving
In formation

Thomas Jackson

How related
to deceased

None

CAUSES OF DEATH

81

Primary

Aneurism

How long

Immediate

Bursting of a blood vessel near heart

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

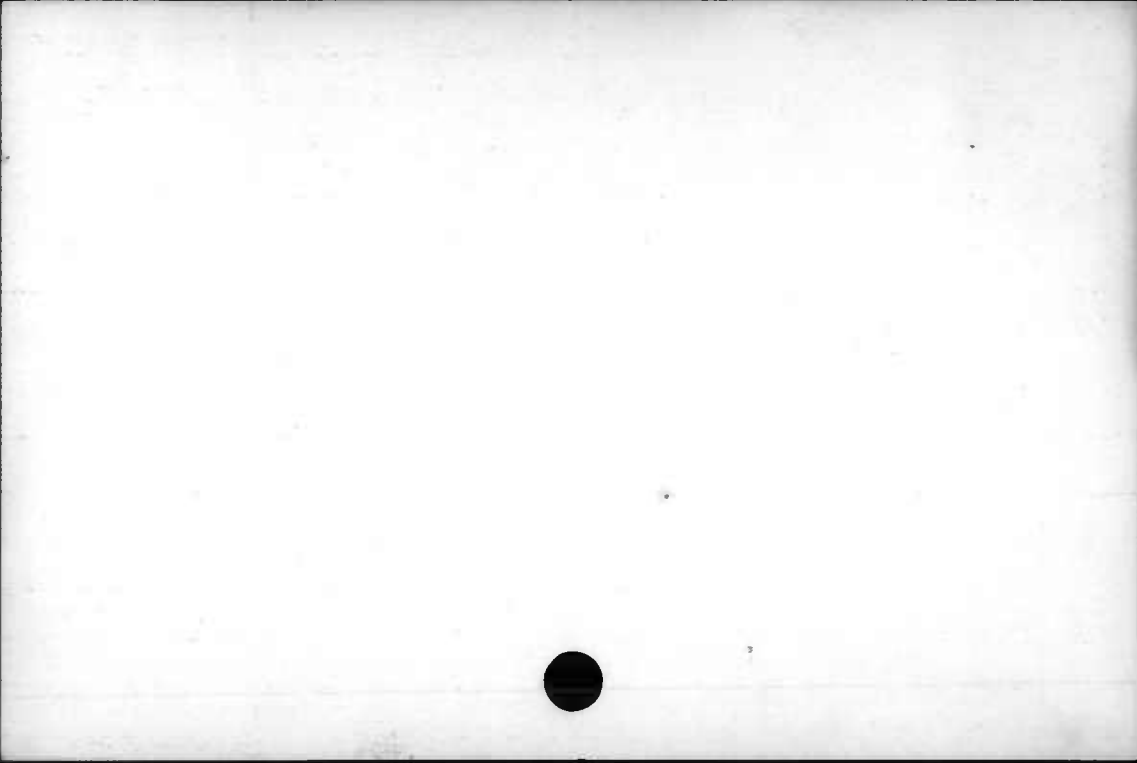
Address

J. E. Sansbury
Forestville

Accident or Suicide?

Neither

Md



Name
in
Full

Ezra P. Van Valkenburg

CERTIFICATE OF DEATH

Town

County

Died at Lakeland

Prince George

MARYLAND

Date

of death 1907

Month

Nov

Day

28

Age

Years

65

Months

8

Days

11

Sex

Male

Color or
Race

White

Birth-
place

Lexington N.Y.

Occupation

Merchant

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Hetta Van Valkenburg

Father's
Name

Nelson Van Valkenburg

Father's
Birthplace

New York State

Mother's
Maiden Name

Harriet Reynolds

Mother's
Birthplace

New York State

Name of person giving
In formation

Hm Van Valkenburg

How related
to deceased

Son

CAUSES OF DEATH

166

Primary

Concussion & injuries resulting from St. Railway accident

How long

3 Weeks

Immediate

Acute Cystitis & Inanition

How long

2 Weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

A. Etienne

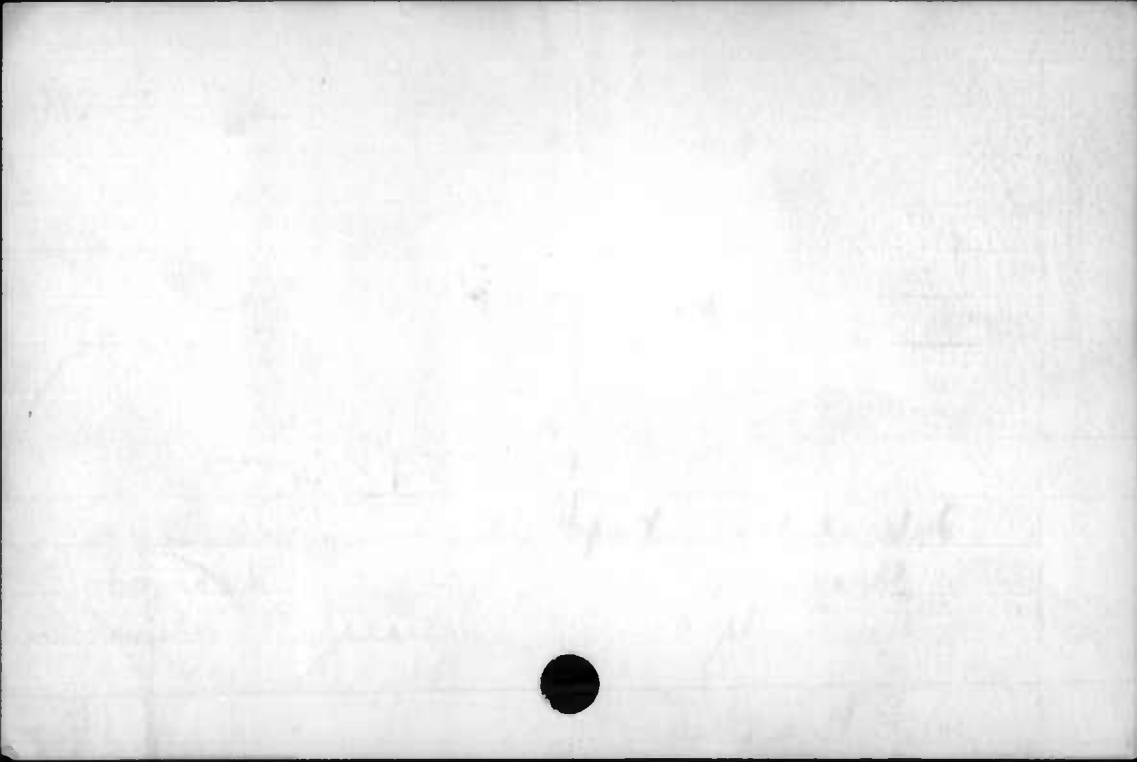
Address

Berwyn

Accident or Suicide?

Accident

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



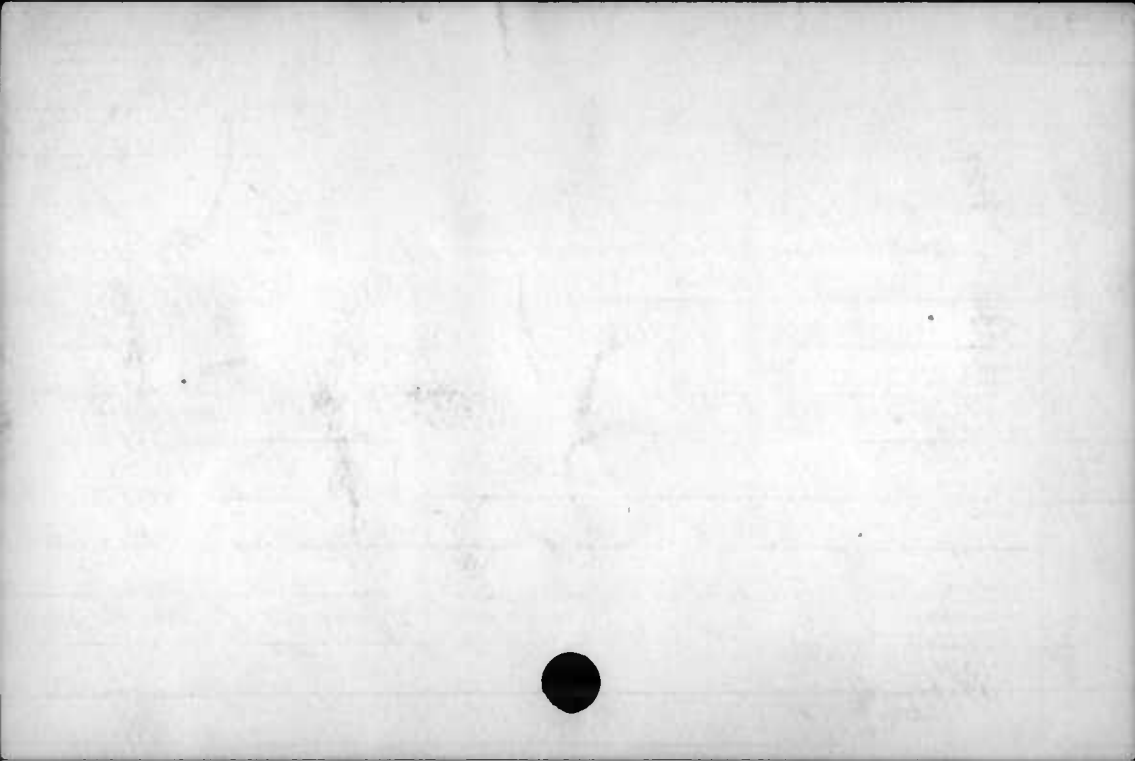
CERTIFICATE OF DEATH

| | | | | | |
|---|-----------------------|--|-----------------|--------------------------------------|---------------|
| Died at <u>Riverdale</u> | | County <u>Prince George</u> | | MARYLAND | |
| Date of death <u>1907</u> | Month <u>November</u> | Day <u>20</u> | Years <u>76</u> | Months <u>—</u> | Days <u>—</u> |
| Sex <u>Male</u> | | Color or Race <u>White</u> | | Birth-place <u>Harrisburg, Penna</u> | |
| Occupation <u>black</u> | | Where Residing if not at place of death | | | |
| Married, Single or Widowed <u>Married</u> | | Name of Wife or Husband <u>Anna Worley</u> | | | |
| Father's Name <u>Thomas Worley</u> | | Father's Birthplace <u>Harrisburg</u> | | | |
| Mother's Maiden Name <u>Mary Worley</u> | | Mother's Birthplace | | | |
| Name of person giving information <u>D. H. Worley</u> | | How related to deceased <u>Son</u> | | | |

CAUSES OF DEATH

120

| | | | |
|---|-------------------------------|------------------------|--------------------|
| Primary | <u>Interstitial Nephritis</u> | How long | <u>unknown</u> |
| Immediate | <u>Uraemia</u> | How long | <u>3 days</u> |
| Are the name, age, sex, color, date and place correctly given above? | <u>Yes</u> | Signature of Physician | <u>[Signature]</u> |
| | | Address | <u>Hyattsville</u> |
| Accident or Suicide? | <u>Neither</u> | | <u>Md</u> |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|--|----------------------------|---|--|----------|--------|
| Died at <i>Hyattsville</i> ^{Town} | | <i>Prince Georges</i> ^{County} | | MARYLAND | |
| Date of death <i>1907</i> | Month <i>Nov</i> | Day <i>26</i> | Age <i>unknown</i> | Years | Months |
| Sex <i>Female</i> | Color or Race <i>Black</i> | | Birth-place <i>unknown</i> | | |
| Occupation | | | Where Residing if not at place of death <i>unknown</i> | | |
| Married, Single or Widowed <i>Single</i> | | Name of Wife or Husband | | | |
| Father's Name <i>unknown</i> | | Father's Birthplace <i>dark brown</i> | | | |
| Mother's Maiden Name <i>dark brown</i> | | Mother's Birthplace <i>dark brown</i> | | | |
| Name of person giving information <i>Chas. W. Barr</i> | | How related to deceased <i>none</i> | | | |

CAUSES OF DEATH

| | | | |
|---------------------------------|--|-------------------|---|
| PHYSICIAN OR CORONER | Primary | <i>Stice Bomb</i> | How long |
| | Immediate | | How long |
| | Are the name, age, sex, color, date and place correctly given above? | <i>yes</i> | Signature of Physician <i>Arthur. Carr Connor</i> |
| | | | Address <i>Hyattsville Md</i> |
| Accident or Suicide? | | | |

